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UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA, WESTERN DIVISION

JENNY LISETTE FLORES, <i>et al.</i> ,)	Case CV 85-4544 DMG-AGR _x
)	
Plaintiffs,)	EXHIBITS IN SUPPORT OF
)	PLAINTIFFS' MOTION TO
- vs -)	ENFORCE THE SETTLEMENT
)	AGREEMENT[REDACTED
WILLIAM BARR, ATTORNEY)	VERSION OF DOCUMENT
GENERAL)	PROPOSED TO BE FILED
OF THE UNITED STATES, <i>et al.</i> ,)	UNDER SEAL] VOL. 2 OF 5
)	
Defendants.)	[HON. DOLLY M. GEE]

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PLAINTIFFS' MOTION TO ENFORCE CV 85-4544-DMG(AGRX)

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Exhibit 10

1 UNITED STATES DISTRICT COURT
2 CENTRAL DISTRICT OF CALIFORNIA
3 WESTERN DIVISION

4 CASE NO. 2:18-CV-05741-DMG-PLA

5 LUCAS R., et al.,
6 Plaintiffs,
7 vs.
8 ALEX AZAR, Secretary of U.S.
Department of Health and Human
9 Services; et al.,
10 Defendants.

11
12 DEPOSITION OF
13 [REDACTED]
14
15

16 DATE TAKEN: Thursday, April 25, 2019
17 TIME: 9:34 a.m. - 3:25 p.m.
18 PLACE: 2 South Biscayne Boulevard
Suite 3100
19 Miami, Florida 33131
20

21 Taken on behalf of the Plaintiffs before
22 [REDACTED], Shorthand Reporter and Notary Public in
23 and for the State of Florida at Large, pursuant to
24 Notice of Taking Deposition in the above cause.
25

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- - - - -

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1 THE COURT REPORTER: Please raise your right
2 hand to be sworn.

3 Do you solemnly swear or affirm that the
4 testimony you are about to give will be the truth,
5 the whole truth, and nothing but the truth?

6 THE WITNESS: Yes.

7 Thereupon:

8 [REDACTED]
9 was called as a witness and, having been first duly
10 sworn, was examined and testified as follows:

11 DIRECT EXAMINATION

12 BY MR. HOLGUIN:

13 Q. Good morning, [REDACTED]. You are aware this
14 is a deposition and the basic process that is going to
15 happen here today. Have you had your deposition taken
16 before?

17 A. No.

18 Q. Okay. Well, in essence, what is going to be
19 happening is that I will be asking you questions. The
20 court reporter will be recording your answers. You are
21 under oath, as you know now. If at any time you feel
22 tired, unable to answer, want to take a break, just let
23 us know and we can do that.

24 The reporter is only able to transcribe audio,
25 verbal responses. So rather than shake the head yes or

1 no, if you could answer "yes" or "no," that would be
2 appreciated.

3 A. Yes.

4 Q. Also, the reporter can only record one person
5 at a time. So we will try to do our best to speak
6 separately.

7 Is there any reason today -- are you taking
8 any medications, are there any problems that you might
9 have in recalling or testifying, answering truthfully?

10 A. No. No.

11 Q. At the end of the deposition, the reporter
12 will transcribe the proceedings. You will have a chance
13 to look at the testimony and make corrections to your
14 testimony. You should know that if you do make changes,
15 the plaintiffs would have the right to comment on the
16 changes that you do make. So please try to be as
17 accurate as possible during your testimony today.

18 Now, at the conclusion of the deposition, your
19 attorneys and the attorneys for the plaintiffs may agree
20 that you can sign the booklet containing your testimony
21 in the presence of any notary public, as opposed to
22 before the court reporter here today. We will talk
23 about that a little bit later with your lawyers. If we
24 agree to do that, it will be on the understanding and
25 your promise that you will read the deposition

1 transcript, correct it, if necessary, and sign it in the
2 presence of a notary public and then return it to the
3 office in which you received it. Are there any
4 questions about that?

5 A. No.

6 Q. Could you please state and spell your full
7 name for the record.

8 A. [REDACTED]

9 MS. DAVILA: Before we delve into the
10 substantive questioning, we would like to preserve
11 our objections that we discussed earlier.

12 MR. HOLGUIN: Sure.

13 MS. DAVILA: Counsel for the government and
14 plaintiffs have discussed earlier the presence of
15 Dr. Cohen this morning at this deposition. It is
16 the government's understanding that Dr. Cohen has
17 not signed a protective order in this matter. We
18 are also informed by counsel that Dr. Cohen may be
19 a witness in this matter, but we are not informed
20 that she is at this point identified as a
21 Rule 26(a) witness or as an expert witness in this
22 case. Accordingly, the government would like to
23 preserve on the record our objection to her
24 presence here today because pursuant to the court's
25 order of 11-2-2018, and that's at ECF Number 126,

1 plaintiffs may not proceed on any cause of action
2 seeking to enforce the Flores Agreement. Thank
3 you.

4 BY MR. HOLGUIN:

5 Q. [REDACTED] can you please explain or describe
6 for us your current position with the Department of
7 Health & Human Services. Well, that assumes a fact not
8 in evidence, but please go ahead.

9 A. I am a federal field specialist.

10 Q. For what federal agency?

11 A. Office of Refugee Resettlement.

12 Q. And that's within the Department of Health &
13 Human Services, correct?

14 A. Yes.

15 Q. And how long have you been in that position?

16 A. A little over four years.

17 Q. Now, what area geographic area, region, do you
18 work in?

19 A. Miami, Florida.

20 Q. And does that cover the entire city or does it
21 cover a county? What is the geographic extent of your
22 work?

23 A. Currently?

24 Q. Yes.

25 A. Homestead.

1 Q. How many facilities do you oversee at
2 Homestead?

3 MS. DAVILA: Objection. Vague.

4 BY MR. HOLGUIN:

5 Q. Do you oversee any facilities in which
6 children are held for immigration violations at
7 Homestead?

8 A. Can you repeat that?

9 Q. Well, you are familiar with the Homestead
10 facility in which ORR places children who are facing
11 removal proceedings or other immigration-type
12 proceedings, correct?

13 A. Yes.

14 Q. What is that facility called? What is its
15 full name?

16 A. Homestead Influx Shelter. You used the term
17 "oversee." I don't oversee the program.

18 Q. Then how do you describe your duties with
19 respect to the Homestead Influx Shelter?

20 A. I review the releases when they are submitted.

21 Q. These are decisions to release children to
22 their parents or other proposed custodians?

23 A. Correct.

24 Q. Do you ever actually go to the Homestead
25 facility?

1 A. I have been to the Homestead facility, but I
2 go rarely to the Homestead facility.

3 Q. About how many times per year would you say
4 you go to Homestead?

5 A. Are you speaking about this contract year or
6 previous contract years?

7 Q. Let's talk about this contract year.

8 A. How many times have I been to Homestead
9 physically? Maybe four or five times.

10 Q. In the past year, 12 months?

11 A. I wouldn't know a number to tell you. Not
12 very often. I don't go very often at this point.

13 Q. Are you aware of any other employee of Office
14 of Refugee Resettlement who visits Homestead more
15 regularly than you do?

16 A. Yes.

17 Q. Who would that be?

18 A. At this time, my supervisor, [REDACTED]

19 Q. How do you spell this person's name, [REDACTED]?

20 A. [REDACTED]

21 Q. What is [REDACTED] title, job title?

22 A. Federal field specialist supervisor.

23 Q. So your understanding is that [REDACTED] does
24 go to the Homestead facility with some regularity?

25 A. At this point, recently, yes.

1 Q. Now, is it also [REDACTED] obligation to
2 look at conditions and treatment that children
3 experience at the Homestead facility?

4 A. I can't speak of her responsibilities. I am
5 not quite sure what her responsibilities are.

6 Q. Now, when you go to Homestead, what is your
7 objective in going there?

8 A. My objective is, I facilitate the releases.
9 So I have been there in the past where I have sat in a
10 staffing of the case managers and leads. No, not case
11 managers. Excuse me. The leads, really. But my focus
12 and my emphasis and my position right now is to deal
13 with the releases when they come in. So the back end of
14 the cases.

15 Q. When you reference "the leads," what does that
16 mean? What are the leads?

17 A. I was speaking of the lead case managers
18 employed by CHSI.

19 Q. How many lead case managers are at the
20 Homestead facility?

21 A. I don't know the number. I have nothing to do
22 with their human resources. I don't know the numbers of
23 leads that they have at this point.

24 Q. How many lead case managers have you found
25 there when you have been to Homestead?

1 A. I think I might have met with six, seven of
2 them, maybe eight.

3 Q. Is there anyone else who currently performs
4 duties similar to yours? In other words, making
5 decisions about whether children should be released?

6 A. Currently, yes.

7 Q. How many other people are doing this?

8 A. One other person.

9 Q. What is that person's name?

10 A. [REDACTED].

11 Q. Approximately how many release decisions do
12 you make, say, per week?

13 A. I make approximately between 20 and 40 a day.

14 Q. 20 to 40 per day?

15 A. 28 to 40 a day, I would say, is more accurate.

16 Q. Approximately how long do you spend on each
17 decision, making each decision?

18 A. It varies from case to case.

19 Q. Now, is it the case that the actual gathering
20 of information about proposed sponsors or custodians,
21 the gathering of information is performed by employees
22 at Homestead?

23 A. Correct.

24 Q. And could you give us the full name of the
25 company or corporation that actually owns and operates

1 Homestead?

2 A. I believe it is Comprehensive Health, maybe
3 Services, Incorporated. I am not 100 percent on that.

4 Q. And their current contract, when did that
5 begin?

6 A. I can't tell you. I don't work in the
7 contracts. I have nothing to do with their contracts.
8 It was a part of Homestead when the children were
9 placed. I can't tell you that.

10 Q. Have you ever seen their contract?

11 A. No.

12 Q. So you don't know what it might say?

13 A. No, no.

14 Q. If you could explain, generally, how is it
15 that the caseworkers investigate proposed sponsors and
16 how that process goes from beginning to end where you
17 made a decision as to whether they should be released or
18 not.

19 A. I can't speak of how they got the information
20 in every case because I am not physically there to know
21 that or watch them do the case. If you would like me to
22 speak in general terms, what my experience has been on
23 that end, I can try to answer the question. But it's
24 their processes, they run their shelter, and I can't
25 really answer that. They have to follow the ORR

1 policies.

2 Q. If you could just describe, generally, your
3 understanding of how the process proceeds, that would be
4 appreciated.

5 A. And you're speaking of the process with the
6 sponsors, correct?

7 Q. Yes.

8 A. So the case manager would normally contact the
9 sponsor and begin an FRP, which is Family Reunification
10 Package. I'm sorry about the acronyms. They contact
11 the sponsor. They complete an assessment of the
12 sponsor. They also have to give documentation that's
13 located in the Family Reunification Package. In some
14 cases, the sponsor needs to be fingerprinted. That
15 needs to be done. In some cases, there is a CA/N, which
16 is for the abuse and it's required in some cases. They
17 are constantly speaking to the sponsors and assessing.
18 That's what I would say about that. And collecting the
19 documents that are required for the release.

20 Q. Now, you referenced an ORR manual or document
21 that directs the case managers in how to go about
22 gathering this information; is this correct?

23 A. Yes.

24 Q. What is that document called?

25 A. Well, there are two documents that you can

1 reference. There is the MAP, which is a more detailed
2 explanation of forms and procedures, and there is ORR
3 policies. Both of them are free to look at on the
4 website.

5 Q. Now, when you say "MAP," are you speaking in
6 the generic sense of a map or --

7 A. A manual. I am speaking of a manual, the
8 process.

9 Q. So when you say "MAP," is that an acronym as
10 well?

11 A. Yes. Don't ask me what it stands for. I
12 think it's one "P," but it could also be two. I'm
13 sorry.

14 Q. Between the MAP and the policies that appear
15 on ORR's website, those are the instructions that the
16 caseworkers follow in investigating and evaluating
17 proposed sponsors?

18 MS. DAVILA: Objection. Mischaracterizes
19 testimony.

20 BY MR. HOLGUIN:

21 Q. If I have mischaracterized your testimony,
22 could you please correct it?

23 A. Well, I said I am not sure of their internal
24 processes. It's a general process, how to and what is
25 required for a sponsor. However, they are assessing the

1 sponsor as well. So it's not everything in terms of
2 flatly looking at that policy.

3 Q. From ORR's perspective, these two sources are
4 the instructions that the case managers are supposed to
5 follow, that ORR insists they follow in investigating
6 proposed sponsors?

7 MS. DAVILA: Can you read back that question.

8 (Thereupon, the requested portion of the record
9 was read by the Court Reporter.)

10 MS. DAVILA: Objection. Mischaracterizes
11 testimony.

12 BY MR. HOLGUIN:

13 Q. You can answer.

14 A. The policy and procedure is part of the
15 necessity of exploring and assessing the sponsors. It's
16 case by case. That is the best way I would summarize
17 that answer.

18 Q. Well, in addition to Homestead, ORR does place
19 children in a number of other facilities around the
20 country; is that correct?

21 A. Yes.

22 Q. Would each one of those facilities have their
23 own internal procedures for evaluating proposed
24 sponsors?

25 A. I would say every program runs their program

1 the way that they run their program. They have to make
2 sure that they follow the ORR policies. However, they
3 are independent shelters, I imagine, that you are
4 speaking of. So I am sure there are internal processes
5 as well that I would not be privy to.

6 Q. But there is a minimum level of investigation
7 that ORR insists all shelters follow; is that correct?

8 A. Following the policies and procedures, yes.

9 Q. Now, from the standpoint of those minimum ORR
10 policies that every shelter must follow, are those
11 contained in the MAP and the ORR online policy manual or
12 are they also contained in some other source?

13 A. They are in the MAP and the ORR policies and
14 procedures.

15 Q. Do they appear in any other source?

16 A. Not to my knowledge.

17 Q. Do you receive a file from the case managers
18 when the case is being referred to you for a decision as
19 to whether someone should be released or not?

20 A. Are you speaking of a physical file or an
21 electronic file?

22 Q. Either one.

23 A. There is an electronic file.

24 Q. And what system do they use to transfer to you
25 the electronic file?

1 A. I would not know their system.

2 Q. How do you receive it? Is it an e-mail?

3 A. I receive it on the UAC portal, as well as an
4 e-mail that the recommendation is in. The
5 recommendation e-mail does not come to me from CHSI.

6 Q. Where do you get the recommendation e-mail
7 from?

8 A. From a third-party reviewer.

9 Q. Is that third-party reviewer also called a
10 case coordinator?

11 A. Yes.

12 Q. Who employs the case coordinator?

13 A. GDIT. General Dynamics -- I don't know the
14 rest of it.

15 Q. How many people at General Dynamics, or GDIT,
16 do you interface with in a particular week?

17 A. I can't answer that. They use a pool of
18 people. I don't know. I honestly don't know.

19 Q. Do you know any of their names?

20 A. Yes.

21 Q. For example, could you give us two or three?

22 A. [REDACTED], and

23 [REDACTED]

24 Q. How do you distinguish the role of a case
25 coordinator from a case manager who works at Homestead?

1 A. Are you asking how I personally determine
2 or --

3 Q. To your knowledge, what are the differences in
4 their tasks? How are they similar? How are they
5 different?

6 A. A third-party reviewer is an extra set of eyes
7 on the case to assist with a recommendation. The case
8 manager is the one presenting the case to the third
9 party who then, in turn, presents it to the FFS.

10 Q. Do the case coordinators conduct any
11 investigation themselves? Do they speak to the parents?
12 Do they speak to the children?

13 A. They have spoken to children before. I am not
14 quite sure if they speak to parents. You would have to
15 ask GDIT that.

16 Q. What about with respect to the case managers?
17 Do they make recommendations with respect to release as
18 well?

19 A. Yes.

20 Q. So the process is, if I can summarize this,
21 and correct me if I am wrong, that the case managers
22 gather the information that is required by their own
23 internal policies, as well as the MAP and the ORR online
24 policies. They then make a recommendation as to whether
25 a child should be released to a proposed sponsor. That

1 goes to the case coordinator, who then puts an extra set
2 of eyes on the process. The case coordinator will then
3 forward a recommendation to you, and then you make the
4 final decision.

5 MS. DAVILA: Objection. Vague. Objection.

6 Compound. Objection. Mischaracterizes testimony.

7 BY MR. HOLGUIN:

8 Q. You can correct me in anything I have said if
9 it's wrong, please.

10 A. The case manager sends the recommendation to
11 the case coordinator. They staff the cases as well with
12 case coordinators. Then they, in turn, send the
13 recommendation to the FFS.

14 Q. And the FFS, in the cases you handle, would be
15 yourself, correct?

16 A. In the cases that I have, it would go to me.
17 But the releases, just to clarify, go into a central
18 box, the Homestead FFS box, so that if there is coverage
19 or if [REDACTED] or any other FFS is assisting, they could
20 go to anyone. They are not preassigned to the FFS.

21 Q. Now, in making your decisions about whether to
22 release or not, are the standards you follow in the MAP
23 and the ORR policy online policies as well?

24 A. For the most part, yes.

25 Q. That takes care of "for the most part." What

1 about the remainder? What standards do you follow?

2 A. I have to assess the case as well to ensure as
3 safe of a release as I can make it. So the FFSs do look
4 at the cases for that purpose as well.

5 Q. I am trying to understand. These other
6 criteria that you apply, the ones that don't appear in
7 the MAP or the ORR online policies, those criteria are
8 specific to the individual FFS?

9 A. No. I think you misunderstood what I was
10 attempting to say. No.

11 We follow the policies and procedures in
12 making release determinations. However, I just want to
13 stress to you that we are dealing with lives of children
14 and there are variations in cases.

15 Q. Do you mean that there are variations in cases
16 that present factors that are not covered in the MAP or
17 the ORR online materials?

18 A. There could possibly be a case. I am not able
19 to reference that for you right now. As I said, it's on
20 a case-by-case basis. We do follow the guidelines set
21 out by ORR as well as any other guidance we have
22 received.

23 Q. Now, other guidance you have received, what
24 form would that guidance arrive in?

25 A. If I have a difficult case that could be a

1 little blurred in some way, I would staff it with my
2 supervisor.

3 Q. Consult with a supervisor?

4 A. Yes.

5 Q. Are you aware of any written material that
6 your supervisor has access to that you do not have
7 access to?

8 A. No, sir.

9 Q. Is it fair to say that you exercise some
10 judgment in making these decisions, either in a case
11 where you decided on your own or where you consult with
12 a supervisor?

13 A. In some instances.

14 Q. In the times that you have been to Homestead,
15 have you had occasion to talk with any of the children?

16 A. I have spoken to three children.

17 Q. Is this during the past year? What is the
18 period of time?

19 A. This contract year, I am not sure if it -- I
20 believe it could have been right before Christmas.

21 Q. What was the purpose in speaking with them?

22 A. With the children?

23 Q. Yes.

24 A. I just wanted to make sure they were doing
25 okay.

1 Q. Apart from speaking to those three children,
2 do you have any role in monitoring or assessing the
3 treatment or conditions the children experience at
4 Homestead?

5 A. No, sir. My function in Homestead is strictly
6 on releases and transfers. I have, due to the volume --
7 and I am not sure if you have been to Homestead or if
8 you are aware of the volume of Homestead. You cannot do
9 both functions. So I have been delegated to do the
10 release end of it. So no, I don't monitor them at all.

11 Q. Now, when you receive a release packet through
12 the portal, does the information you receive indicate,
13 for example, how long a child has been detained?

14 A. The information on the portal can tell me how
15 long a child has been there. When you open the portal,
16 it will tell you the length of stay. So yes, I can see
17 the length of stay.

18 Q. Is that one of the factors you take into
19 consideration when you decide whether to release or not?

20 A. The length of time that the child has been in
21 care? No.

22 Q. Does the portal indicate any kind of
23 assessment as to the child's psychological state at
24 Homestead?

25 A. The clinicians assessments. There is ongoing

1 assessments. If they seek other professional
2 evaluations, that would be -- the report would be
3 uploaded in the portal.

4 Q. Is that something you review in deciding
5 whether to release or not?

6 A. Yes. However, it is not necessarily to
7 release or not. It is to look at whether that child
8 needs post-release services, follow-up services. And in
9 some cases, if that child met criteria for TVPRA, the
10 Trafficking Victims Protection Reauthorization Act, the
11 TVPRA home study. So that's where those assessments
12 come into play.

13 Q. With respect to post-release services, or
14 TVPRA benefits, but not with respect to the release
15 decision --

16 A. Well, it is part of the release decision. If
17 there is a home study -- if they meet criteria for a
18 home study, I would recommend a home study. If they met
19 criteria for post release, I would recommend post
20 release.

21 Q. I see. Let me just ask it more generally.
22 What is the fundamental thing you are looking for, the
23 most important factor in your mind when you decide
24 whether to release or to continue a child in custody?

25 A. Safety.

1 Q. Safety. And this means safety following
2 release, correct?

3 A. If I am looking at the releases, it would be
4 in conjunction with the safe release outside of the
5 shelter, correct.

6 Q. Now, are you aware of any statistics or
7 studies that ORR has done about the incidents of abuse
8 or neglect following release from ORR custody?

9 A. No, sir.

10 Q. So you don't know whether it happens
11 10 percent of the time, 5 percent of the time, 1 percent
12 of the time?

13 A. No.

14 Q. Do you have any insight as to any individual
15 cases where children have actually been abused and
16 neglected following release from ORR custody?

17 A. "Aware of," meaning I have heard of or I have
18 personal knowledge of?

19 Q. You have personal knowledge of. Let's start
20 with that.

21 A. I don't have personal knowledge. I don't
22 follow the children once they are released. I have
23 heard of that, but I don't have, myself, personal
24 experience.

25 Q. How many cases have you heard of now?

1 A. Probably -- maybe three to five.

2 Q. Over how long a period would that be?

3 A. I believe since I have been in FFS. If a
4 child is back in custody, that is normally how I would
5 see that.

6 Q. So that would be four years, I believe you
7 said?

8 A. Yes.

9 Q. So between three and five --

10 A. Cases.

11 Q. -- cases in over four years?

12 A. Fair to say.

13 Q. Are you aware of cases of abuse or neglect of
14 children in ORR custody by staff in the facility, by
15 other detainees?

16 A. Yes.

17 Q. About how many of those do you know of?

18 A. Can you clarify what you are talking about in
19 terms of abuse so I can answer your question?

20 Q. Comparable to the abuse or neglect of the
21 three to five cases that you have heard of when children
22 are released. Comparable to that.

23 A. Well, I am talking about abandonment and
24 neglect in the majority of the ones I have heard of, so
25 I would say no to that. Physical abuse, I would say no.

1 I have seen not physical abuse, I would say, but I have
2 read SIRs that weren't appropriate behaviors.

3 Q. And what sorts of behaviors have you taken
4 note of?

5 A. Staff sees inappropriate behavior.

6 Q. Inappropriate how? Inappropriate touching,
7 inappropriate sexual conduct?

8 A. Inappropriate. I have seen inappropriate
9 sexual conduct and inappropriate conduct in general.
10 SIRs, not personally observed. Reading SIRs.

11 Q. But it's not your responsibility to verify the
12 veracity of whatever the allegation might be?

13 A. No, sir.

14 Q. Whose job is that?

15 A. I am not quite sure whose job that is.
16 Homestead is a unique place. There is the COR team
17 there who oversees contracts and what is going on in the
18 shelter. I don't know exactly who is responsible.
19 Again, my role in Homestead is limited to releases and
20 to the transfers in some instances.

21 Q. Your tenure with ORR entirely, not as an FFS,
22 but with ORR, how long have you been with ORR?

23 A. I started as a contractor, working for USCCB
24 as a case coordinator. We were called field
25 specialists. I was there in 2004 and 2005. Then I was

1 a director of Children's Village, Boys Town. I was the
2 program director from 2006 to 2014. Then I went to
3 Neighbor to Family, which was on an urgent and
4 compelling grant, and I worked there until I started
5 with ORR.

6 Q. So in total, you have worked with ORR for
7 about 14 years either as a contractor or as an employee?

8 A. That's about right. Math is not my forte.

9 Q. Now, based on your knowledge of how ORR
10 functions, you don't know right now who is responsible
11 for investigating allegations of abuse or neglect within
12 the Homestead facility; is that correct?

13 MS. DAVILA: Objection. Asked and answered.

14 THE WITNESS: There are mandated reporters,
15 like every other shelter, so they have to report
16 any instance. So you have DCF investigating.
17 Sometimes it could be sent to the local police
18 department.

19 BY MR. HOLGUIN:

20 Q. But internally within ORR, you are not aware
21 of anyone who is in charge of investigating reports of
22 abuse or neglect in the Homestead shelter?

23 MS. DAVILA: Objection. Asked and answered.

24 Objection. Cumulative. Objection.

25 Mischaracterizes testimony.

1 THE WITNESS: ORR has a section that deals
2 with abuse allegations in the sense that there is a
3 section, and they review those SIRs. But I can't
4 tell you the workings of who is actually
5 investigating. I know that the SIRs, the sexual
6 abuse ones, are elevated to a unit that explores
7 what goes on in that.

8 BY MR. HOLGUIN:

9 Q. Do you know the name of that unit?

10 A. I don't know the name of the unit.

11 Q. Do you know where it is located?

12 A. I don't know if it is -- I don't believe it is
13 in Miami, but I am not quite sure where their offices
14 are.

15 Q. Have you ever met anyone who worked in that
16 unit?

17 A. I have met people that work within the
18 allegations of abuse from ORR. They provided training
19 at Homestead and that's how I met them. But other than
20 that, no.

21 Q. Did you attend the training?

22 A. I did.

23 Q. Based on what you know of it, if someone at
24 Homestead receives an SIR -- and this is called a
25 Serious Incident Report. That is an acronym for Serious

1 Incident Report; is that correct?

2 A. Yes.

3 Q. So if someone at Homestead forwards a Serious
4 Incident Report, who do they send it to within ORR?

5 A. They send it to intake, to a hotline. It
6 depends on what the SIR is. There is a chain of where
7 it goes to. But all SIRs are forwarded to the intake,
8 and we get a copy of them in the FFS box. The COR team,
9 which is primarily project officers for Homestead, they
10 receive it as well. And again, if it is something that
11 OIG needs to know or HHS needs to know, it depends on
12 the incident.

13 Q. The procedures that are applied to different
14 types of incidents, are those written down anywhere?

15 A. Yes.

16 Q. What is the name of the document or the
17 manual?

18 A. It is in the policies and procedures.

19 Q. Is that in the online manual?

20 A. Yes.

21 Q. Now, project officers, what is their role?

22 A. In Homestead?

23 Q. Yes.

24 A. I can't speak on their role. They are the
25 ones that deal with the contractual issues and the

1 running of the program.

2 Q. If we could speak a little bit about your
3 background. You gave us some information about where
4 you worked before you came to become a federal field
5 specialist at ORR. What is your educational background?

6 A. I have my master's degree in social work and I
7 am a licensed clinical social worker.

8 Q. When did you receive your -- is it an MSW?

9 A. Yes.

10 Q. When did you receive that?

11 A. I believe in '97.

12 Q. And your LCSW?

13 A. I received it in March of last year.

14 Q. How long have you been involved in social work
15 in general?

16 A. Since 1984.

17 Q. Have you ever worked for a child protective
18 services agency?

19 A. No.

20 Q. So your work history since 1984 has been in
21 running shelters?

22 A. No. I worked in a boys' home in New York and
23 we had children who were not or did not have the
24 parental -- for the most part, parental -- anybody to go
25 to, in a sense. I worked with that same agency working

1 with children that were in the juvenile justice system.
2 We had a group home. So we would take the kids from the
3 juvenile facility to the group home, low risk children.
4 Criminal risk, I am talking about. I did that. I
5 worked in a psychiatric hospital as a psychiatric social
6 worker. I worked at the school board as a trust
7 counselor. I worked at the public defender's office as
8 a forensic social worker.

9 Q. Have you ever conducted, personally, child
10 abuse investigations?

11 A. I have not. I have phoned them in several
12 times. But no, I have not personally conducted them.

13 Q. Have you had occasion to place children in
14 foster homes as part of your work prior to coming to
15 ORR?

16 A. Not in foster homes, per se. When I worked as
17 a social worker in New York, we had one occasion that
18 the child could not return to the facility, but they
19 went to another relative. I mean, not the facility; to
20 the mother. They went to another relative, to a
21 grandmother.

22 Q. Were you involved in evaluating the
23 grandmother as a suitable custodian?

24 A. No. DCF did. Well, not DCF in New York. It
25 is called something different.

1 Q. This would be the New York child protective
2 services agency?

3 A. That would have conducted the assessment of
4 whether the grandmother was suitable? Yes.

5 Q. So then, essentially, before coming to ORR,
6 you did not have occasion to evaluate the suitability of
7 proposed custodians; is that correct?

8 A. I wouldn't say -- evaluate in terms of
9 removal, no, which is what I thought you were asking in
10 the last question. I was not the person that would do
11 the assessment for removal of a child, but I would
12 assess the situation. Particularly in New York, I did
13 home visits and was required to send reports to the
14 child welfare agency.

15 Q. So approximately how many home visits do you
16 think you have performed?

17 A. I would do three a week.

18 Q. And for how many weeks did you do that?

19 A. For a two-year period. Almost a two-year
20 period.

21 Q. Now, how does your experience in doing those
22 home visits compare to your ability to evaluate children
23 under your current procedures?

24 A. Very different. It's a completely different
25 situation.

1 Q. So when you were doing home visits, you would
2 actually go to the home. What was your process when you
3 would arrive at a potential home?

4 A. The goal was to try to reunify the child with
5 the parents.

6 Q. And the goal that you are pursuing now in
7 evaluating these releases, making these release
8 decisions, is that goal the same or is it any different?

9 A. No. The goal is to safely -- I am going to
10 use that term over and over again because that is what
11 we try to do. Safely reunify the child with family in
12 the United States.

13 Q. But in terms of what you used to do when you
14 were conducting home visits and what you do now, what is
15 the major difference?

16 A. I am not visiting the home.

17 Q. So you make the decision based upon paper, the
18 data that is transmitted to you through the portal,
19 correct?

20 A. Largely, yes.

21 Q. What other sources of information do you use,
22 apart from what is recorded in the portal, to make a
23 decision whether to release or not?

24 A. Again, I staff the cases when I feel that I
25 need to, so I would get some feedback from either the

1 case coordinator, sometimes the lead case manager,
2 sometimes the assistant program director, and sometimes
3 my direct supervisor.

4 Q. And all of those sources will provide you with
5 information or is it recommendations?

6 A. Recommendations. However, the case manager or
7 the lead will provide more information if requested.
8 They would speak to the sponsor to clarify for me.

9 Q. From time to time, you will request additional
10 information from the case manager, lead case manager, to
11 help you make a decision?

12 MS. DAVILA: Objection. Mischaracterizes
13 testimony.

14 BY MR. HOLGUIN:

15 Q. Is that correct?

16 A. If I understand what you are asking me, at
17 times have I requested additional information on a
18 case --

19 Q. Yes.

20 A. -- to a lead case manager or case manager?

21 Q. Yes.

22 A. That's correct.

23 Q. Now, turning to home studies, in what
24 percentage of cases, the cases you have decided, do you
25 estimate home studies have been performed?

1 A. I don't want to guess on that. You know, the
2 volume of Homestead is huge. I don't know the
3 percentage offhand. It is a little difficult to answer
4 accurately.

5 Q. I understand. I am just looking for an
6 estimate.

7 MS. DAVILA: Objection. Asked and answered.

8 THE WITNESS: A low amount. It is not that
9 high of an amount. Again, and I don't do all the
10 release decisions. I do have somebody else working
11 on them. I really don't feel comfortable answering
12 that with a number or a range. It's low. It's
13 low.

14 BY MR. HOLGUIN:

15 Q. Let's just talk about the release decisions
16 you made yesterday. That was between 28 to 40; is that
17 correct?

18 A. No. I was not working the whole day
19 yesterday. I did 18, if you would like a number.

20 Q. When was the last day you worked a whole day?

21 A. The day before that.

22 Q. All right. Then let's talk about that day.
23 Were there about 28 to 40 decisions --

24 A. There were 39.

25 Q. There were 39. All right. And in how many of

1 those cases was a home study conducted?

2 A. When you say "a home study conducted," are you
3 referring to my recommendation that a home study be done
4 or are you asking me about the home studies that came
5 back and the child submitted for release at the point of
6 having the home study? I am not sure.

7 Q. Let's start with the first number that you
8 recommended a home study be done.

9 A. Yesterday. You are asking about yesterday?

10 Q. The day before yesterday.

11 A. The day before yesterday. I don't think I
12 recommended any home studies the day before yesterday.

13 Q. And then of the home studies that had been
14 completed when you were working these cases, how many
15 cases had completed home studies?

16 A. One.

17 Q. Who is it that actually performs the home
18 studies for ORR or children in Homestead?

19 A. For ORR, there are contracted agencies
20 throughout the nation that do home study assessments.

21 Q. Do you know approximately how many of those
22 agencies there are?

23 A. I don't.

24 Q. Of the cases you worked the day before
25 yesterday, do you recall the names of any of the

1 agencies that performed home studies?

2 A. I honestly don't.

3 Q. Are you aware of what qualifications are
4 required of the individuals who perform home studies for
5 ORR?

6 A. I don't. That is contractual. There is a
7 project officer that is in charge of home studies. So
8 no, I don't have any -- I am not privy to that
9 information.

10 Q. As a person who has experience in this, have
11 you become aware of differences in the quality of the
12 work produced by different individuals who perform home
13 studies?

14 A. I have not noticed a difference in home
15 studies, no.

16 Q. Are you aware of what standards the
17 individuals who perform home studies are required to
18 follow in conducting a home study?

19 MS. DAVILA: Objection. Asked and answered.
20 Objection. Cumulative. Objection.
21 Mischaracterizes prior testimony.

22 THE WITNESS: As I stated before, I have
23 nothing to do with the contract of the home study
24 providers. So no, that is outside of my realm.

25 BY MR. HOLGUIN:

1 Q. Have you ever had concerns about the quality
2 of the home studies that you are receiving?

3 MS. DAVILA: Objection. Asked and answered.

4 THE WITNESS: No.

5 BY MR. HOLGUIN:

6 Q. Do you know approximately how long a home
7 study takes to be completed?

8 A. It's typically -- from the point that they
9 find a provider to go and I cannot give you a firm
10 answer because some of the kids live -- the sponsors
11 live in remote areas, which could take longer to get a
12 staff member out there to do the home study. But from
13 the point that they accept the home study, the home
14 study provider has ten days to provide the report from
15 the point that it's assigned.

16 Q. Is there any maximum amount of time from
17 within which the home study must be sent out?

18 A. When you say "sent out," I am not quite
19 sure --

20 Q. Assigned to someone?

21 A. Assigned to a provider? I am not familiar
22 with that process.

23 Q. So it's ten days from the time that it is
24 assigned to a provider?

25 A. Correct.

1 Q. But there is no maximum amount of time from --
2 well, let me back up. Who makes the decision as to
3 whether a home study is required?

4 A. The ultimate decision? That's the FFS.

5 Q. So in the cases that you handle, that is your
6 decision, correct?

7 A. Ultimately, yes.

8 Q. What about initially?

9 A. When you say "initially," are you talking
10 about whether they are recommending a home study? It
11 follows the same procedure as outlined prior, which is
12 case manager, to case coordinator, to FFS.

13 Q. Is it correct to say that no home study will
14 be done unless you approve it?

15 MS. DAVILA: Objection. Mischaracterizes
16 prior testimony. Objection. Assumes facts not in
17 evidence.

18 THE WITNESS: No. You can't characterize it
19 in that way because my supervisor would say,
20 [REDACTED] I looked at this case and it's a home
21 study." You know, ORR can do that.

22 BY MR. HOLGUIN:

23 Q. So what is the first person who would
24 recommend a home study?

25 A. The case manager of the program.

1 Q. How quickly after a child comes under the
2 jurisdiction of a case manager is that recommendation
3 made?

4 A. That is a general question that depends on the
5 case. Again, it's case by case. Maybe a child does not
6 disclose it in the beginning. Maybe a child discloses
7 something later down the line. It depends. There is no
8 finite answer to that.

9 Q. In a typical case, when does the first
10 recommendation that anyone makes about a home study come
11 in?

12 MS. DAVILA: Objection. Asked and answered.
13 Objection. Mischaracterizes prior testimony.

14 THE WITNESS: Again, I can't give you a solid
15 answer to that because it's case by case. If it is
16 a home study, there are issues with the case,
17 whether it's an issue with the child or his
18 sponsor. So I can't give you that number because
19 it varies.

20 BY MR. HOLGUIN:

21 Q. Now, when you say there is an issue with a
22 child that would trigger a home study, what sorts of
23 issues are those?

24 A. They would meet TVPRA criteria.

25 Q. What are those?

1 A. So if a child was abused by caregivers,
2 abandoned, if the child has severe issues that would
3 meet ADA requirements, sexual abuse perpetrator as a
4 caregiver. So under ADA, there is a lot of things that
5 could trigger a home study. TVPRA would trigger a home
6 study. And then there are discretionary home studies,
7 which could mean that if a sponsor had a record that was
8 a little iffy and we were concerned about the safety, we
9 might go that way. Same with the TVPRA. It's safety as
10 well as issues.

11 Q. Thank you. Are you aware of what standards
12 ORR requires the case managers to follow in terms of
13 prompt and continuous efforts to reunify children with
14 their families?

15 A. I am not sure I understand the question that
16 you are asking.

17 Q. Have you ever heard that phrase before,
18 "prompt and continuous efforts" to reunify or to release
19 children?

20 A. With the case managers, it's an ongoing
21 process. So that should be an ongoing process.

22 Q. But my question is: Have you ever heard that
23 phrase, prompt and continuous efforts to release?

24 A. I have heard of timely safe releases, which is
25 how we kind of state it.

1 Q. All right. So in terms of timely, what is
2 your understanding as to what that means?

3 A. Are you talking my personal opinion? My
4 experience? Are you talking --

5 Q. Your understanding. Your personal
6 understanding as to what timely means in terms of
7 release.

8 A. That means the case managers have been doing
9 their job.

10 Q. Are there any objective time limits on any of
11 this, doing one's job as a case manager, that within a
12 certain time period something must be accomplished?

13 A. Well, there are suggested timelines. They
14 hope to get the Family Reunification Package to the
15 sponsor in 24 hours. So there are different timelines.
16 But there is also a lot of variables that come into
17 play. Again, it's case by case. We are working with
18 live human beings. There are certain guidelines that
19 they follow in terms of getting this document out. But
20 understandably, some of the sponsors may not read or
21 write. It may take longer to get documents back from
22 sponsors. A lot of the issues in terms of the time is
23 out of the control of the case manager as well.

24 Q. Now, when you say that there are guidelines
25 for when certain tasks are to be accomplished, where are

1 those written, if they are?

2 A. I believe they are in the policy and I do
3 believe they are in the MAP.

4 Q. Other than the delivery of a family
5 reunification application to the sponsor within
6 24 hours, are you able to recall right now any other
7 guidelines on timing?

8 A. No. There are goals they want. You know, we
9 are looking to Category 1, 2, 3. Obviously, there are
10 different documents that are required the further away
11 you go from the parent as a sponsor. So they are
12 supposed to set up the fingerprints. I don't recall the
13 time that they have to do that. They are supposed to
14 set up a CA/N check, if necessary. They are supposed to
15 set that up with the fingerprints so they go
16 hand in hand. But specific, no. As I said, the goal is
17 the safe timely release, but there are a lot of
18 variables that come into play.

19 Q. During the course of your duties, in reviewing
20 the information you received through the portal, have
21 you had occasion to notice that certain case managers
22 were not meeting the guidelines for prompt processing of
23 the children's release?

24 MS. DAVILA: Objection. Vague.

25 BY MR. HOLGUIN:

1 Q. For example, if they took longer than 24 hours
2 to get the family reunification application to the
3 proposed sponsor.

4 A. Yes.

5 Q. And what is your process when you notice that?

6 A. Well, bear in mind that when I notice it, it's
7 at the back end of the case because I do releases. So I
8 am not looking at the cases prior to the submission.
9 Once they are submitted and I look at the case, I send
10 them an e-mail that says, "What was the delay? Why was
11 there a delay in this case?" I have had occasion to ask
12 them those questions.

13 Q. At Homestead, approximately what percentage of
14 cases do you find that the case managers or the other
15 personnel at Homestead have failed to meet the
16 guidelines, in your judgment, for prompt processing?

17 MS. DAVILA: Objection. Mischaracterizes
18 prior testimony.

19 THE WITNESS: I don't know if I would term
20 fail to follow the timelines in some of the cases
21 because of the fact that, as I said, a lot of the
22 processing of the cases does depend on how good
23 your sponsor is and how diligent the sponsor is in
24 returning the paperwork and following up with the
25 fingerprints, if they are required.

1 So there are issues where I may send an e-mail
2 asking about the length of stay, per se, and I will
3 get back an answer from them and a timeline from
4 them of why. Not every case is the fault of the
5 case manager. Are there some? Absolutely.

6 BY MR. HOLGUIN:

7 Q. Sitting here today, can you recall any
8 particular cases where the case managers were dilatory,
9 in your judgment?

10 A. If you are speaking about a specific case, I
11 don't know a specific case. Again, the volume I deal
12 with is rather high. Have I seen cases recently that I
13 thought were delayed? Yes.

14 Q. But you cannot recall the name of any
15 particular case?

16 A. No, no.

17 Q. Do you recall the last time you saw one?

18 A. I probably saw some yesterday. I probably saw
19 one the day before. I can't recall specifics, again.

20 Q. You tend to see them with some frequency; is
21 that correct?

22 A. There is frequency. But again, some of the
23 issues have been mitigated due to issues beyond the
24 control of the case manager.

25 Q. I am only referring to those that, in your

1 judgment, are within the control of the case manager.

2 A. I have seen some.

3 Q. All right. How many detained children does
4 each case manager at Homestead assist?

5 A. The ratio at Homestead, I am not sure what
6 they follow.

7 Q. To your knowledge, does ORR require any
8 minimum or maximum ratio of case worker to children at
9 Homestead?

10 A. In the shelters, I can speak of ratio, having
11 run one for eight years. But Homestead is a different
12 contract, and I am not privy to the contract so I can't
13 answer that.

14 Q. In the shelters that you are familiar with,
15 other than Homestead, what was the ratio, typical ratio,
16 of those places?

17 A. Are you speaking about case manager ratio in
18 particular?

19 Q. Yes.

20 A. One to eight.

21 Q. Had you ever been advised by caseworkers at
22 Homestead that they simply have too many children to
23 process or manage?

24 A. Yes.

25 Q. How often have you heard that?

1 A. The times that I would staff cases, I have
2 heard that. You are talking about this contract,
3 correct? Not the one before.

4 Q. This contract.

5 A. Several times I have heard that, and they have
6 written that.

7 Q. And they have written it?

8 A. Yes.

9 Q. In writing that, do they say, you know, I have
10 got this many cases and it's just too many?

11 A. They don't state it like that in writing, to
12 my knowledge. But they would say that the cases were
13 recently transferred and things along those lines, that
14 they had a lot of cases.

15 Q. Too many for them to handle?

16 A. They never said the words "too many for them
17 to handle."

18 Q. But is it your understanding that they believe
19 that they are being overworked?

20 MS. DAVILA: Objection. Mischaracterizes
21 testimony.

22 THE WITNESS: From issues that I have heard
23 from them, some of them do believe that.

24 BY MR. HOLGUIN:

25 Q. Do you recall the name of the last individual

1 who issued one of these kinds of reports?

2 A. No.

3 Q. Or any individual?

4 A. No. I don't know specific names. If I heard
5 it in a meeting, it was in a meeting where there were
6 some case managers and some lead case managers. Some of
7 them would voice that they felt overwhelmed.

8 Q. I believe you testified earlier that you had
9 seen some of these reports in writing.

10 A. Well, I would see the transfer of the child.
11 They would never specifically put "I am overworked" in
12 writing.

13 Q. The transfer of the child, what does that --

14 A. Meaning a case manager left, so the child was
15 moved to a different case manager.

16 Q. Are you aware of the rate of turnover of case
17 managers at Homestead?

18 A. I am not aware of the rate. I don't deal with
19 human resources. My experience is that it's high.

20 Q. Now, when you say "high," you're comparing it
21 to what your experience is in other shelters, correct?

22 A. Yes.

23 Q. So in other shelters, what is the rate of
24 turnover that you recall?

25 A. It is lower. But you need to take into

1 account that Homestead is an influx shelter. So an
2 employee of Homestead understands that it could ramp up
3 and down, and it is not permanent. So the turnover is
4 higher in an influx shelter for that reason. They may
5 take it, and then they get a more permanent job. You
6 can't blame them for wanting a more permanent position.

7 Q. In what other ways, testifying here today,
8 come to mind that Homestead differs from the other
9 shelters you have worked in or with, apart from the rate
10 of turnover in case managers? What else comes to mind?

11 A. In what sense are you referring to?

12 Q. Well, in terms of the experience that a child
13 would have at Homestead versus the other shelters you
14 have worked in.

15 MS. DAVILA: Objection. Vague.

16 THE WITNESS: My answer to you is that
17 Homestead has many more children than these other
18 shelters. Catholic Charities' Boys Town, for
19 example, which is a shelter where I was the
20 director, we had 81 kids. So you can't look at the
21 experience of a shelter where there are 81 kids
22 versus 2,300. It is a very different experience.

23 BY MR. HOLGUIN:

24 Q. Is the larger shelter you worked with, other
25 than Homestead, this particular shelter with 81

1 children?

2 A. Yes. And I covered His House, which at the
3 time was up to 123. I have not covered any facility
4 higher than that.

5 Q. Can you speak to the turnover rate of case
6 managers at His House?

7 A. I can't speak to that because I only covered
8 His House on occasion. So I don't know the turnover
9 because I am not that familiar with the staff.

10 Q. What about the other shelter that you
11 referenced with approximately 80 children?

12 MS. DAVILA: Objection. Vague.

13 THE WITNESS: You are referring to Boys Town,
14 I take it?

15 BY MR. HOLGUIN:

16 Q. Boys Town, yes.

17 A. They don't have a high turnover rate.

18 Q. Do you recall how many case managers they had
19 there?

20 A. Not by number. If there are 81 kids, they are
21 at a ratio of one to eight.

22 Q. So perhaps ten?

23 A. Yes. They stay pretty close to ratio.

24 Q. In the course of a year, how many of those
25 approximate ten case managers would be changed?

1 A. Maybe two, maybe one.

2 MR. HOLGUIN: Let's take a five-minute break.

3 Is that acceptable?

4 MS. DAVILA: Yes, that's fine.

5 MR. HOLGUIN: Thank you.

6 (Recess taken in the proceedings from 10:41
7 a.m. to 10:51 a.m., after which the following
8 proceedings were had:)

9 MR. HOLGUIN: Back on the record.

10 BY MR. HOLGUIN:

11 Q. The times you have been at Homestead,
12 approximately how much time do you spend there?

13 A. Four to six hours.

14 Q. Were you provided a tour of the facility when
15 you were there on any of the occasions you have been
16 there?

17 A. On the first contract, when they first opened,
18 I was. On the second contract, I didn't -- I went on --
19 I think I did go on a tour, but it wasn't for me, the
20 tour. I think there was a visit, and I think I
21 accompanied.

22 Q. It was a group of people?

23 A. Yes.

24 Q. So you are familiar with the basic physical
25 plant?

1 A. Yes.

2 Q. Did you have occasion to observe children
3 moving through the facility?

4 A. No. I mean, I have seen them outside.
5 Technically, the procedure of moving from one building
6 to another, no.

7 Q. Did you have occasion to observe, for example,
8 a line of children moving from one place to another?

9 A. Yes.

10 Q. And I assume that to gain entry of the
11 facility, you went through a certain process; is that
12 right?

13 A. Yes.

14 Q. Identifying yourself?

15 A. Yes.

16 Q. Did you have occasion to notice that there
17 were gates and there is a perimeter fence around
18 Homestead?

19 A. Yes.

20 Q. Now, in your experience with prior shelters,
21 is the level of security at Homestead comparable,
22 greater than or less than, to what you would normally
23 experience or expect at a shelter?

24 MS. DAVILA: Objection. Mischaracterizes
25 prior testimony.

1 THE WITNESS: I can speak of the only shelter
2 that I really visited, which is His House and Boys
3 Town. His House has a gatehouse. You cannot get
4 in without going through -- there is one way in,
5 one way out. There is a guard gate. So it is
6 similar, I would say. It's much smaller. Again,
7 you're dealing with 2,300 children versus 123
8 children.

9 So His House does have a guardhouse. There is
10 only one way in and one way out. Boys Town does
11 have a perimeter fence. They have to go through
12 and buzz in and it's pretty secure in that sense.
13 You can't just walk into the building. A staff
14 member has to physically bring somebody in. So I
15 would say it's similar.

16 BY MR. HOLGUIN:

17 Q. In terms of licensing, were Boys Town and
18 His House licensed by the state in which they were
19 located as dependent care shelters?

20 A. They are licensed under the shelter care
21 requirement or under Department of Children and
22 Families. I think they changed them to a
23 group-home-type of setting. But yes, they are licensed
24 by the state of Florida, if that is your question.

25 Q. And both facilities you are referencing are in

1 the state of Florida?

2 A. Yes.

3 Q. Now, are you aware of whether Homestead has a
4 license?

5 A. I have not physically seen or noticed if they
6 had a license, but I believe that they are not licensed.

7 Q. Now, you have characterized Homestead as an
8 influx facility, correct?

9 A. Yes.

10 Q. Are there other influx facilities that ORR
11 operates or places children?

12 A. Are you speaking currently or in the past?

13 Q. Currently.

14 A. No. Homestead is the only current one, to my
15 knowledge.

16 Q. And to your knowledge, is the Homestead
17 facility, the population there, expected to grow or to
18 shrink or stay the same?

19 A. Homestead will rev up and rev down, depending
20 on the census. It's census driven, which is why it is
21 an influx shelter. It can rev up, I believe, and it can
22 ramp down depending on population, children coming over.

23 Q. You aware of any plans to either expand or
24 shrink the capacity at Homestead?

25 A. Currently?

1 Q. Yes.

2 A. I believe they are expanding. I can't tell
3 you a number. I am not in that planning process. I
4 don't really know. I have heard rumors of expansion,
5 but I honestly don't know.

6 Q. Are you familiar with how ORR decides to send
7 a child to an influx facility like Homestead as opposed
8 to any other facility?

9 A. At intake, when they receive information when
10 a child is picked up, they will not send a child that is
11 under the age of 13 to Homestead. They try not to send
12 pregnant minors. It happens on occasion because the
13 girls didn't know they were pregnant. They screen for
14 gang involvement before they send to an influx shelter.
15 So an influx shelter's population would meet the same
16 criteria as a shelter would in terms of the children
17 that intakes -- delegates to Homestead and other
18 shelters.

19 Q. So then as a practical matter, how is it that
20 a child who is not a gang member and who is not pregnant
21 ends up at Homestead versus another shelter?

22 A. I think it's availability. I don't think
23 there is any other issue than availability of beds.

24 Q. Are you aware of any policy whereby children
25 initially placed at Homestead are stepped down or

1 transferred to another shelter?

2 A. A policy, per se, or do we transfer children
3 that have been placed at Homestead to other shelters? I
4 am not quite sure.

5 Q. Let's start with policy. Are you aware of any
6 policy that says, you know, after so much time at
7 Homestead, we are going to transfer a child to another
8 facility?

9 MS. DAVILA: Objection. Vague.

10 THE WITNESS: I would say I am aware in the
11 first opening of Homestead, but I believe what I
12 was instructed was that it depends on the capacity
13 nationwide, specifically.

14 BY MR. HOLGUIN:

15 Q. Is it your understanding that if there is a
16 bed available at another facility, a shelter, that a
17 child is eligible to be transferred out of Homestead to
18 that facility because there is a bed available?

19 MS. DAVILA: Objection. Misstates prior
20 testimony.

21 THE WITNESS: I wouldn't say that because,
22 obviously, intakes are the ones that send the
23 children places. Yes, a child could be
24 transferred, but you're looking at availability. A
25 lot goes into whether or not a child can be

1 transferred. It's not all dictated by that.

2 When we were running on 85 to 90 percent
3 capacity, there was nowhere to put the kids. The
4 minute a child left, the beds were taken in other
5 facilities. So I don't know how to answer your
6 question.

7 BY MR. HOLGUIN:

8 Q. You reference other factors, in addition to
9 availability. What other factors come to mind?

10 A. For a transfer of a child?

11 Q. Yes.

12 A. We have to look at if the needs of the child
13 are better met elsewhere. We have children that may
14 need a smaller environment. They can't work within a
15 large shelter. There is a lot of varying reasons of why
16 a child is transferred, and not all of them are
17 length-of-stay driven. Some are, but not all of them
18 are.

19 Q. When you say "length-of-stay driven," are you
20 referring to simply the number of days or weeks or
21 months the child has been there --

22 A. Yes.

23 Q. -- or are you referring to the impact of the
24 length of detention on the child's --

25 A. Both.

1 Q. Both. So how is it that ORR becomes aware
2 that detention has become so lengthy that a child should
3 be transferred out of Homestead?

4 A. I don't use the term "detention." It's a
5 shelter. It is not a detention facility. I want to
6 make that clear. That's how I understand the verbiage
7 as a social worker.

8 Now, when do they become aware? You can
9 become aware of it when the shelter provides
10 length-of-stay reports.

11 Q. But that just gives a raw number of days or
12 weeks that a child has been at Homestead, correct?

13 MS. DAVILA: Objection. Assumes facts not in
14 evidence. Objection. Foundation.

15 THE WITNESS: The length-of-stay report has
16 other data on it, where the case is at and the
17 progression of the case, which is also taken into
18 consideration.

19 BY MR. HOLGUIN:

20 Q. Who makes the decision as to whether a child
21 should be transferred out of Homestead to another
22 shelter?

23 A. The ultimate decision? The FFSs are the ones
24 that approve it. Again, it's myself and [REDACTED] at this
25 point. Until October, [REDACTED] was an FFS at

1 Homestead. He was promoted, but he and I worked
2 together at Homestead. Sometimes my supervisor will
3 say, [REDACTED] I need you to look at this case. Let's
4 move this child." She is staffing. Sometimes the CFS,
5 the contracted field specialist who is staffing cases at
6 Homestead, will send an e-mail saying, "Hey, we need to
7 move on this child," for whatever reason it is. So I
8 guess that is the way I can answer your question.

9 Q. So then you personally, have you had occasion
10 to decide whether a child should be moved out of
11 Homestead to another facility?

12 A. Yes.

13 Q. How often does that happen?

14 A. It varies, as well. You mean that I am the
15 one that initiates and says, "Let's transfer this kid"?

16 Q. Well, let's just talk about the number of
17 times you were involved in any capacity in a transfer
18 decision.

19 A. I am involved in quite a few of them.

20 Q. The day before yesterday, for example, did you
21 have occasion to consider or be involved in any transfer
22 decisions?

23 A. I was involved with one, yes.

24 Q. What was the circumstance there?

25 A. The child had a brother in long-term foster

1 care in New York. I was trying to -- she had only been
2 in Homestead for eight days, but I was trying to get her
3 to New York to be closer to her brother.

4 Q. As far as initiating consideration of
5 transfers, who does that?

6 A. It could be anyone from the case coordinator,
7 to the case manager, to the lead case manager, to the
8 program administer, to the CFS. A lot of different
9 people make recommendations.

10 Q. Is there a maximum amount of time ORR allows a
11 child to be housed at Homestead?

12 A. Currently not. I was instructed if the
13 population census nationwide is 85 percent or higher,
14 then no.

15 Q. So even though there is 15 percent of bed
16 capacity available in other facilities, there is still
17 no limit on the amount of time a child can be

18

19 A. Not to my knowledge.

20 Q. -- at Homestead?

21 A. Not to my knowledge.

22 Q. I think you already answered this, but I just
23 want to make sure. No limit, for example, on 200 days
24 that a child can be detained at Homestead?

25 A. Again, it's case by case. I can't recall or I

1 don't know what case you are talking about. I don't
2 know the particulars in the case, so it is very
3 difficult for me to answer your question.

4 Q. Are you aware of any plans that ORR currently
5 has to close Homestead?

6 A. I am not aware of a plan in place, but I am
7 sure that once the numbers dwindle to where they don't
8 need Homestead, they will close Homestead. The influx
9 shelter is there if needed.

10 Q. Are you aware of how ORR defines an influx?

11 A. No. I don't know, per se. I would presume it
12 is based on capacity. If you have 300 children waiting
13 at the border daily and there is nowhere to place them,
14 you use an influx shelter. I mean, I think it's driven
15 by the census.

16 Q. You were involved with ORR in 2012; is that
17 correct?

18 A. As a program director at Children's Village
19 Boys Town, not as a federal employee.

20 Q. But at that time, you were aware that there
21 was at least some reports of an influx that resulted in
22 the opening of temporary shelters, for example, at
23 Lackland Air Force Base?

24 A. Yes.

25 Q. You were aware of that?

1 A. Yes.

2 Q. Were you aware of how long that facility
3 remained opened?

4 A. No.

5 Q. But you did become aware that it was closed,
6 correct?

7 A. Yes.

8 Q. What is your understanding of the
9 qualifications, minimum qualifications, necessary to do
10 your job as a federal field specialist in charge of
11 release?

12 A. I believe the minimum is -- I don't really
13 know what the minimum is. I think that I have read that
14 it was a bachelor's degree and X number of experience in
15 the field.

16 Q. What about the case coordinators? Are you
17 aware of the minimum qualifications to become a case
18 coordinator?

19 A. I am not. I was one. It wasn't called case
20 coordinator and it was under a different contract. The
21 case coordinators I am most familiar with at Homestead
22 all have master's degrees.

23 Q. So you were an employee of GDIT?

24 A. No. Never. USCCB.

25 Q. You are talking about the U.S. Conference of

1 Catholic Bishops?

2 A. Yes.

3 Q. At some point in time, the USSCB functioned or
4 provided case coordinators? In other words, they were
5 doing what GDIT does now, correct?

6 MS. DAVILA: Objection. Vague.

7 THE WITNESS: USSCB had a contract with ORR,
8 as well as LIRS. It was the two agencies that
9 dealt with the case coordination. It was called
10 field coordination then, contract. There were two
11 agencies.

12 BY MR. HOLGUIN:

13 Q. Is that the same function that now GDIT has
14 taken over?

15 A. It was a bit different.

16 Q. How was it different?

17 A. It differed in the sense that, in my position,
18 we covered an RTC. I was the person doing the case
19 management, so I was the person speaking to the sponsors
20 and I was the person getting the FRP, which is a little
21 different. They don't do that currently. I was the one
22 that had to write referrals for foster care, if it was
23 warranted. That was one facility, which was Tampa Bay.
24 So it was a little different because it was a little
25 more intense back then in terms of the responsibility.

1 Q. Is it fair to say that your role as a case
2 coordinator for --

3 A. Field coordinator.

4 Q. -- a field coordinator was more hands-on than
5 the functions of the case coordinators under GDIT?

6 MS. DAVILA: Objection. Mischaracterizes
7 prior testimony.

8 THE WITNESS: I would say that is an unfair
9 assessment in the sense that the numbers were much
10 lower. In the facility that we covered, the census
11 was lower. So they are covering more territory
12 because there are more programs now and the census
13 is higher. So yes, I was more hands-on than they
14 are currently.

15 BY MR. HOLGUIN:

16 Q. Where are the GDIT case coordinators
17 physically located? Do you know?

18 A. The ones that I provided the names for are in
19 Miami.

20 Q. Do they ever go to Homestead, to your
21 knowledge?

22 A. Yes, they do.

23 Q. Do they go there regularly?

24 A. I believe they do, but I am not 100 percent
25 sure.

1 Q. Do you know whether they interact with or
2 interview children when they go?

3 A. I can tell you that they have. I can't tell
4 you when or how recent that was. I can tell you that
5 they have.

6 Q. But you can't tell me how frequently they do
7 that?

8 A. I cannot tell you that. I am not physically
9 there, so I really don't know the answer.

10 Q. When you get information from the case
11 coordinators, does that come through the portal as well?

12 A. The majority of the information. They also
13 send an e-mail that they have reviewed the case so that
14 I know that the case is ready.

15 Q. What types of information do they enter into
16 the portal?

17 A. Into the portal, the only information they
18 enter is on the release request document.

19 Q. On the release request document, what specific
20 information do they add, the case coordinators?

21 A. Typically, their recommendation of the case
22 and sometimes a little brief of why, particularly if
23 they don't necessarily agree with the case manager.

24 Q. In the circumstances where they do agree with
25 the case manager, is it typically the case that they

1 will just say that we agree?

2 A. Some of them write more than others. I don't
3 think they ever just write "I agree," but some of them
4 write a little more than others, I would say.

5 Q. Do the case coordinators have any role in
6 ordering home studies?

7 A. They recommend home studies.

8 Q. And the decision to perform one is yours and
9 your supervisor's, your office, correct?

10 A. Yes.

11 Q. Do you have occasion to speak on the telephone
12 with any of the case coordinators?

13 A. Yes.

14 Q. About how often does that happen? In how many
15 cases?

16 MS. DAVILA: Objection. Compound.

17 THE WITNESS: I can't give you a number of
18 cases. It is typically when there is a complex
19 case. I would say I speak to them probably weekly,
20 if I was going to make a guesstimate to you. I
21 would speak to the case coordinators -- not the
22 pool case coordinators, but the case coordinators
23 that are staffing the cases with the case managers.

24 BY MR. HOLGUIN:

25 Q. What is the difference between a pool case

1 coordinator and the staff case coordinator?

2 A. The case coordinators that are staffing the
3 cases enter their staffing notes into their system so
4 that others can see. Because, again, you are dealing
5 with a high volume, they have a pool of other case
6 coordinators in other regions that actually do their
7 recommendations for them. They read the case notes that
8 the others provide and make their recommendations.

9 Q. So the case coordinator's recommendation with
10 respect to any given child might be made by someone
11 outside of Miami?

12 A. Yes. Yes.

13 Q. You refer to these as pool case coordinators?

14 A. Yes.

15 Q. Approximately what percentage of the
16 recommendations come from the pool versus the --

17 A. Almost all of them.

18 Q. Almost all come from the pool?

19 A. Yes.

20 Q. Are you aware of their actual physical
21 location geographically?

22 A. They are all over.

23 Q. To your knowledge, have any of the pool case
24 coordinators ever come to Homestead or talked with any
25 kids?

1 A. Not to my knowledge.

2 Q. When you were working at U.S. Conference of
3 Catholic Bishops as the prior -- the predecessor to the
4 current case coordinators, those were nonprofit
5 organizations, correct?

6 A. Yes.

7 Q. Are you aware of whether GDIT is a nonprofit?

8 A. I honestly don't know.

9 Q. How long, if you know, has GDIT been
10 functioning as a case coordinator?

11 A. I am not sure of the date that they started,
12 but I was working at Boys Town as the program director
13 and they were already installed. I mean, I left case
14 coordination in 2006 before I joined Catholic Charities,
15 Boys Town. So probably a year or two after that that
16 they received the contract. A year after I left USCCB
17 they had the contract, I believe, for a year more with
18 LIRS.

19 Then after that, LIRS got the contract solely
20 and USCCB did not. Then it went from LIRS to GDIT. But
21 I am not sure on the dates, to be honest with you. It
22 didn't really have anything to do with me at that point.

23 Q. Would approximately 2008 --

24 A. I would say maybe 2009, 2010 maybe. I recall
25 that USCCB, when I left, they still had the contract.

1 Then after that contract period was over, LIRS got the
2 full contract. Then after LIRS, they gave it to GDIT.
3 I was not working for ORR at the time, so I can't really
4 give you the specifics.

5 Q. Now, the case coordinators, what information
6 are they provided when they make their recommendation,
7 the same information you receive from the case managers?

8 A. No. They typically have a little bit more.
9 They have the staffing notes. They use a system called
10 OneNote, which we don't have access to. The case
11 coordinators that are local do the staffing with the
12 various case managers and case management teams. On the
13 more complex cases, they take notes. I am not privy to
14 the notes.

15 They may tell me, "Hey, we staffed this case
16 today." I get phone calls from them, but I am not privy
17 to that. The pool case coordinators are able to view
18 the notes that the other case coordinators write.

19 Q. So there is a separate system that GDIT
20 maintains where they record data around children that
21 you are not able to access?

22 MS. DAVILA: Objection. Mischaracterizes
23 prior testimony.

24 THE WITNESS: I am not saying data, per se,
25 but I am saying notes of staffings that they have

1 held.

2 BY MR. HOLGUIN:

3 Q. What is an example of a note of staffing? I
4 am having trouble understanding what they have access to
5 that you don't.

6 A. They are physically there to report. I don't
7 know if it's telephonically or physically with all of
8 them, but they staff the cases. So on a more complex
9 case, they may write a note of what is going on with the
10 case so that the case manager can record it just so that
11 the other case coordinator will have that piece when
12 they review it.

13 Q. Do you know of any reason why you are not
14 permitted to access that information?

15 A. It is on their internal system. It is their
16 own system. They will elevate a case, though. If they
17 are staffing a case and there is an issue, they will
18 elevate the case to us.

19 Q. What does it mean to elevate a case to you?

20 A. They will either call or send an e-mail
21 letting us know that they staffed this case and there
22 were some concerns with the case.

23 Q. To your knowledge, are those concerns about a
24 particular case that is shared with the children who are
25 being considered for release?

1 A. I don't know the answer to that. The case
2 managers meet with the child weekly and they review the
3 progression of the case. To some extent, I am sure it
4 is, but I am not there. I don't know. I can't really
5 answer with certainty.

6 Q. Are the case managers privy to the
7 information, all the information that the case
8 coordinators have?

9 A. Are you speaking of their internal notes on
10 their system?

11 Q. Yes.

12 A. No, they are not privy to those.

13 Q. As a matter of course, then, there is
14 information that only the case coordinators have; is
15 that correct?

16 A. The information that they have in their
17 staffing notes comes from the case managers. So I am
18 not quite sure that I would characterize it as they
19 don't have access to it. Because it is solely based on
20 the staffing of the case with the case manager. I am
21 not sure if it's any information that the case managers
22 wouldn't already have.

23 Q. So then everything that the case
24 coordinators have -- all the information the case
25 coordinators have comes from the case managers; is that

1 correct?

2 A. And the lead case managers, yes, and the
3 clinicians.

4 Q. But there is some information that comes from
5 those sources that is not entered into the portal?

6 A. Possibly. You are asking me, and I don't have
7 access to it so I don't know. I don't know if they are
8 putting all of the information on the release request.
9 I honestly don't know the answer to that.

10 Q. What about the parents and other proposed
11 sponsors for the children? Are they privy to the
12 information that the case coordinators have?

13 A. I am not sure I understand in what sense you
14 are speaking.

15 Q. Do the proposed sponsors receive any summary
16 or the actual information, a copy of the information
17 that the case coordinators are using to make a
18 recommendation?

19 A. No.

20 Q. Did they ever receive a copy of the case
21 manager's information, the information case managers
22 have collected, to make a recommendation regarding
23 release?

24 A. No.

25 Q. Did the parents or other proposed sponsors

1 ever receive a copy of the information you used to base
2 a decision to release or not?

3 A. They receive information in terms of
4 vaccinees, follow-up. They receive information -- if
5 the case is denied, they send notification to them that
6 it's denied, unless it is a parent. Then that
7 notification comes from headquarters of ORR.

8 But do they receive my notes? No. Do they
9 receive the case notes? No. The case coordinator
10 notes? No. But they are provided with information
11 concerning any follow-up, the vaccinees, that type of
12 information.

13 Q. What is the principal reason for declining to
14 release the child to a proposed sponsor?

15 MS. DAVILA: Objection. Vague.

16 THE WITNESS: I don't quite -- you are
17 talking -- there are a lot of different reasons on
18 why, and they are primarily based on safety.

19 BY MR. HOLGUIN:

20 Q. Is it fair to say that the primary reason
21 could be summed up as you don't believe the proposed
22 custodian is a fit caregiver for a child?

23 MS. DAVILA: Objection. Mischaracterizes
24 prior testimony. Objection. Foundation.

25 THE WITNESS: I wouldn't term it "fit." I

1 would term it that there are issues that involve
2 safety. Due to the safety issues, then we would
3 have to deny a sponsor or staff denies a sponsor.
4 We don't take it lightly. It is not done often.

5 BY MR. HOLGUIN:

6 Q. That it would be an unsafe placement for the
7 child to release them?

8 A. Correct.

9 Q. In terms of what is safe, are there any
10 guidelines that ORR has as to --

11 A. Yes.

12 Q. Are those in the MAP and the ORR online
13 policy?

14 A. They are in the ORR policies. You can find
15 where it says reasons for denial.

16 Q. Are you aware of any sort of reasons that will
17 automatically disqualify a house or a placement as being
18 unsafe?

19 A. Yes.

20 Q. What are those?

21 A. There are certain criminal offenses that are
22 all listed on the policy that would disqualify a
23 household. Not necessarily the parental household, but
24 the Category 2 and 3 household. There is definitely a
25 list of those. On a Category 3, if there is no proof of

1 a prior relationship, and I am talking about Category 3
2 non-related sponsors, then we would deny that because,
3 obviously, we have to look at the possibility of
4 trafficking when you're dealing with an unrelated
5 sponsor. So there is criteria that has to be met, and
6 it's very -- there could be a home study for some reason
7 that came back negative that we would have to look at
8 too in terms of whether that is a safe release or not.

9 Q. But that is not an automatic disqualification?

10 A. No.

11 Q. Whereas the lack of a prior relationship in a
12 Category 3 sponsor --

13 A. Unrelated.

14 Q. -- is an automatic disqualifier?

15 A. Well, if you can't prove there was a
16 relationship, yes. And I am talking about unrelated
17 Category 3, not necessarily a related Category 3. If
18 there is no proof, if they don't know anything about
19 each other, they found somebody to sponsor that is
20 unknown to the child and the family, it's a denial.

21 Q. It is an automatic denial, correct?

22 A. Yes.

23 Q. Having worked in child welfare before coming
24 to ORR, was it your experience that state child
25 protective agencies would place children in foster

1 homes?

2 A. Yes.

3 Q. In your experience, were those foster
4 parents -- did they uniformly have preexisting
5 relationships with the children they received?

6 A. No.

7 Q. Did you ever consider that was a problem that
8 would create an unsafe environment for those children?

9 A. I have never qualified a foster parent, so I
10 don't feel I am qualified to answer your question.

11 Q. In general, you are aware that when an adult
12 applies to be a foster parent, there is basically an
13 evaluation of their qualifications, correct?

14 MS. DAVILA: Objection. Calls for
15 speculation.

16 THE WITNESS: Again, that is not my area of
17 expertise. I have never qualified or disqualified
18 a foster parent.

19 BY MR. HOLGUIN:

20 Q. Have you ever qualified or disqualified any
21 adult who has sought the custody of a child prior to
22 coming to ORR? In other words, your work before coming
23 to ORR, did you have occasion to place children with
24 other adults, other than their parent?

25 MS. DAVILA: Objection. Vague. Objection.

1 Compound.

2 THE WITNESS: In my work in New York, I assume
3 that is what you were referring to. I did not
4 place; the child welfare agency placed. I did not
5 qualify or disqualify the adults. I made a
6 recommendation from a home visit, but it was not my
7 decision to place or not to place a child.

8 BY MR. HOLGUIN:

9 Q. To your recollection, did you automatically
10 recommend against placing a child with an unrelated
11 adult for lack of a preexisting relationship?

12 MS. DAVILA: Objection. Asked and answered.
13 Objection. Mischaracterizes prior testimony.

14 THE WITNESS: Again, I did not make the
15 referrals to foster care from that agency, so I
16 can't answer that question. I don't know.

17 BY MR. HOLGUIN:

18 Q. I am referring to your recommendations.

19 MS. DAVILA: Objection. I am going to make a
20 standing objection to this line of questioning.

21 THE WITNESS: You're also asking me questions
22 from 20 years ago or so. You are asking me a
23 difficult question in terms of telling you.

24 I can tell you that when I was at the program
25 in New York, there was only one case that I did

1 make a recommendation not to return to the parent
2 following a home visit. That child went to a
3 grandmother. So that child didn't go to a
4 stranger. I can't tell you about that because I
5 have not dealt with that.

6 BY MR. HOLGUIN:

7 Q. In developing that rule, that ORR will not
8 release a child to an unrelated adult unless there is a
9 preexisting relationship, are you aware of any studies
10 that ORR consulted in providing that?

11 MS. DAVILA: Objection. Mischaracterizes
12 prior testimony.

13 THE WITNESS: I want to clarify that I'm
14 stating that there was no preexisting with the
15 family or the child.

16 BY MR. HOLGUIN:

17 Q. Correct.

18 A. Am I aware of studies? No, I am not.

19 Q. Are you aware of any incidents in which --
20 well, are you aware of any incidents in which ORR
21 released a child to an unrelated adult and there was
22 abuse or neglect?

23 A. I am not familiar with the case, but I am
24 familiar with a case that we sent for home study because
25 of that fact; that the relationship was rather vague,

1 the home study worker determined that the person ran a
2 restaurant and had other people in her home with beds
3 all over the floor, no food in the house.

4 Q. That was an individual investigation, correct?

5 MS. DAVILA: Objection. Counsel has
6 interrupted the witness.

7 Did you finish your answer?

8 THE WITNESS: No.

9 MS. DAVILA: Please allow the witness to
10 finish her answer.

11 BY MR. HOLGUIN:

12 Q. Please finish.

13 A. What I am telling you is that unlike some of
14 the other populations that I have worked with, we have
15 children that could possibly be trafficked. So when you
16 are looking at preestablished relationships, you are
17 really concerned with possible trafficking, which brings
18 a different level to safety.

19 The concern is there for that purpose. We are
20 talking about safety. And have I seen that? Yes, I
21 have. I have in the case I just described, and I am
22 sure I could find others to discuss with you. After the
23 fact, I don't have any knowledge.

24 Q. Is it your understanding that U.S. citizen
25 children are not trafficked?

1 A. No. That is not what I am saying.

2 Q. U.S. citizen children may be trafficked as
3 well, correct?

4 A. Yes.

5 Q. And the children that ORR has may be
6 trafficked?

7 A. Yes.

8 Q. Does ORR place children with foster families?

9 A. Yes.

10 Q. Is that term long-term foster care?

11 A. There are two terms. There is transitional
12 foster care and long-term foster care.

13 Q. Now, how do those differ?

14 A. Transitional is typically for tender aged
15 children or parenting teens, so they are not in a large
16 shelter while their reunification is going on.
17 Long-term foster cares are children without a viable
18 sponsor who meet criteria for some sort of legal relief.

19 Q. All right. Now, approximately how many
20 children does ORR place per year in long-term foster
21 care?

22 A. I don't oversee any long-term foster care
23 programs. I don't know the numbers.

24 Q. Are you involved at all in placing children in
25 long-term foster care?

1 A. We don't place them at Homestead. If a child
2 has no viable sponsor and could possibly have a legal
3 case, we send them to the local shelters.

4 Q. And here in Miami, what are the local
5 shelters?

6 A. His House and Boys Town.

7 Q. So they are transferred from Homestead to the
8 local shelters, and then the local shelters would manage
9 the placement --

10 A. The process.

11 Q. The process of placing them in long-term
12 foster care?

13 A. Yes. Yes.

14 Q. How are the families or foster parents that
15 receive children in the long-term foster care program
16 selected?

17 A. I can't answer that.

18 Q. Do they have preexisting relationships with
19 the children who come into ORR custody?

20 MS. DAVILA: Objection. Speculation.

21 Objection. Mischaracterizes prior testimony.

22 Objection. Foundation.

23 THE WITNESS: Not to my knowledge. Again, I
24 don't work in foster care. I can't really, truly,
25 answer your question.

1 BY MR. HOLGUIN:

2 Q. Are you aware of any child protective
3 services, agency, state or local level, that also
4 pursues a policy, blanket policy, of denying release to
5 unrelated adults who lack a prior existing relationship
6 with a child?

7 MS. DAVILA: Objection. Mischaracterizes
8 prior testimony.

9 THE WITNESS: Not to my knowledge. I work
10 with a specific population.

11 BY MR. HOLGUIN:

12 Q. In addition to that blanket policy, and the
13 ones involving -- would you characterize them as serious
14 criminal convictions or background that are
15 disqualifiers?

16 A. Yes.

17 Q. In addition to those two, can you think of any
18 others that automatically disqualify someone from
19 receiving a child from ORR custody?

20 A. Well, the criminal is a big one. As I said to
21 you, if the house is not safe. Let's say, they do a
22 home study and it comes back negative for reasons that
23 is safety driven, then it could be safety. It is always
24 about -- the bottom line is always safety.

25 Q. Now, in terms of safety, is it a safety

1 concern if a child's proposed sponsor does not have a
2 separate room for the child?

3 A. Not necessarily.

4 Q. So that shouldn't disqualify?

5 A. That is not --

6 MS. DAVILA: Objection. Mischaracterizes
7 prior testimony.

8 THE WITNESS: It's case by case. I don't know
9 what situation the child is going to. But not
10 necessarily. Would that be the only factor? No.

11 BY MR. HOLGUIN:

12 Q. But the lack of a private bedroom for a child
13 is a factor that you would consider in determining
14 whether a placement is safe, correct?

15 A. Not necessarily. Again, it's case by case.

16 Q. Is the lack of a private bedroom relevant to
17 the decision as to whether a placement is safe?

18 A. No. But we would look to make sure that there
19 was a bed for the child, their own bed, as well as a
20 place to store belongings.

21 Q. What about the availability of a licensed
22 driver in the household? Is that a factor contributing
23 to the safety determination?

24 A. No. No.

25 Q. Are you aware of what criteria the case

1 coordinators apply in making their recommendations?

2 A. They would have to use policy and procedures.
3 I am not quite sure of their internal workings. You
4 need to ask somebody from GDIT that question. I don't
5 know.

6 Q. In terms of your decision-making, do you give
7 any greater or lesser weight to the recommendation of
8 the case manager over the case coordinator?

9 A. I would say no. I review them. I don't
10 always agree with the case coordinator and I don't
11 always agree with the case manager. Sometimes there are
12 cases I agree with neither one of them. So I would say
13 no.

14 Q. Now, in the cases where you disagree with both
15 case manager and case coordinator -- let's talk about
16 the last one you can recall. What was their
17 recommendation where you disagreed?

18 A. They wanted to deny a sponsor.

19 Q. And you felt they should be released?

20 A. Yes.

21 Q. What was the cause of your disagreement with
22 the case manager?

23 A. The case manager wanted to release. That one
24 was a case coordinator that I didn't agree with.

25 Q. I see. Let's start there. Why did the case

1 coordinator disagree with the case manager? Do you
2 recall?

3 A. Because they misread the Serious Incident
4 Reports.

5 Q. What was their interpretation of the Serious
6 Incident Report?

7 A. That the child had seven incident reports or
8 six, I am not quite sure now; that he was a perpetrator
9 and he was misbehaving. But he was not the perpetrator.
10 They didn't understand that when they read the SIRs.

11 Q. So the case coordinator recommended denial of
12 release because the child had misbehaved in ORR custody?

13 A. The child had issues, they thought.

14 Q. Issues in terms of behavior?

15 A. Yes.

16 Q. But they were wrong?

17 A. In my opinion, after I read the incident
18 reports myself, yes. In my opinion.

19 Q. What role does a child's behavior during ORR
20 custody play in your decision to release or not release?

21 A. The behavior itself, as long as it's safe and
22 they are not unstable, if they have an incident report,
23 I might ask for post-release services or I might ask for
24 a discretionary home study to make sure that the sponsor
25 could handle whatever serious behaviors. But it would

1 have to rise, to me, to the extent of serious behaviors.

2 We are working with adolescent children. So
3 some behaviors that others may deem as unacceptable are
4 common in a place where there is adolescent children.

5 Q. In your experience, does children's behavior
6 change if they are in a location such as Homestead
7 versus with a family living --

8 A. Very possible.

9 MS. DAVILA: Objection. Vague. Objection.
10 Calls for speculation.

11 THE WITNESS: It is possible.

12 BY MR. HOLGUIN:

13 Q. Do you think it is common?

14 MS. DAVILA: Objection. Vague. Objection.
15 Calls for speculation.

16 THE WITNESS: I don't know if it's common. I
17 would say it is possible.

18 BY MR. HOLGUIN:

19 Q. In your experience, does children's behavior
20 change over time with the length of time they remain in
21 a facility such as Homestead?

22 A. Possible. It's possible.

23 Q. Are you familiar with any studies that have
24 evaluated the consequences of long-term placement in an
25 institution such as Homestead and what that does to them

1 in terms of their behavior and psychological well-being?

2 MS. DAVILA: Objection. Vague.

3 THE WITNESS: Have I read any studies about
4 that? No.

5 BY MR. HOLGUIN:

6 Q. Have you seen any instruction from ORR, your
7 superiors, in which federal field specialists are told
8 to take into account changes in behavior that take place
9 over time in a particular child during ORR custody?

10 MS. DAVILA: Objection. Vague.

11 THE WITNESS: I can say that the goal is to
12 release a child as soon as possible, timely and
13 safe releases. Clinically, I am sure, in my
14 experience, that the behavior does change.

15 You know, the child didn't come to the United
16 States to live in a shelter. The child came to the
17 United States to go somewhere. But again, it is a
18 case-by-case issue. The experiences in a shelter
19 differ from child to child. I am not quite sure of
20 the scope of how to answer your question fully.

21 BY MR. HOLGUIN:

22 Q. When you get the case submitted to you and you
23 are evaluating the child's behavior, do you take into
24 account the length of time a child has been in custody,
25 in a place like Homestead, in evaluating the seriousness

1 of their behavior?

2 A. Yes.

3 MS. DAVILA: Objection. Compound. Objection.
4 Vague.

5 BY MR. HOLGUIN:

6 Q. How do you account for that?

7 A. When I am assessing for release, I am looking
8 at the child as a whole. So you're looking at various
9 factors in relation to release. The release -- mainly,
10 what I would look at where behavior is concerned is more
11 of a post-release-type service to make sure that
12 somebody can help the family if they need additional
13 resources once the child is released. I would not say
14 that that holds up the release unless the child is
15 actively wanting to hurt themselves or others. Then it
16 becomes a safety issue. So that's how I would answer
17 that.

18 Q. Has it been your impression, with respect to
19 any child, that the reason that they want to harm
20 themselves is because of the effects of prolonged
21 detention?

22 MS. DAVILA: Objection. States facts not in
23 evidence. Objection. Mischaracterizes prior
24 testimony.

25 MR. PINCHAS: I would like to add an objection

1 for improper opinion. Improper expert opinion.

2 THE WITNESS: Can you repeat the question?

3 I'm sorry.

4 MR. HOLGUIN: Could you please read back the
5 question.

6 (Thereupon, the requested portion of the record
7 was read by the Court Reporter.)

8 MS. DAVILA: Same objections.

9 THE WITNESS: I can't speak for every child.
10 Again, it is more speculative if I answer because I
11 am not physically there and I am not the one
12 assessing the child for suicidal thoughts or
13 suicidal gestures. So I don't know. I am more
14 comfortable saying I don't know.

15 BY MR. HOLGUIN:

16 Q. Is it fair to say that your decision -- you
17 are dependent on the information you get from the case
18 manager and the case coordinator in evaluating a child's
19 behavior?

20 MS. DAVILA: Objection. Mischaracterizes
21 prior testimony.

22 THE WITNESS: I would say that I also take
23 into account the clinician's recommendations and if
24 there is any recommendation if the child has been
25 evaluated by an outside psychiatrist or

1 psychologist. So I wouldn't say that it is in
2 just -- information is not just from the case
3 manager and the case coordinator. There are also
4 clinicians that work with the facility that do
5 assess the children. Yes, I do read the assessment
6 and take that into account.

7 BY MR. HOLGUIN:

8 Q. What is your understanding of the number of
9 clinicians who work at Homestead?

10 A. That is contractual. I don't know the answer
11 to that.

12 Q. How many different clinician reports have you
13 read?

14 A. Several. I don't know the number. I don't
15 know the ratio that they have. I can't speak on those.

16 Q. Do you know how often they see children?

17 A. They see children at least once a week for a
18 session and they do a group session with the children on
19 a weekly basis as well.

20 Q. Do you know what qualifications the clinicians
21 have?

22 A. I don't know exactly. They do have master's
23 degrees. There are licensed clinicians at the program.

24 Q. Have you had occasion to see clinician reports
25 that predict self-harm following release, a child will

1 harm him or herself following release?

2 A. Not to my knowledge.

3 Q. In the clinician reports you have seen, what
4 sorts of information have caused you to decline release?

5 A. I have not declined a release, again, unless
6 it was a safety concern or the sponsor was a safety
7 concern or the child was not a stable child. You know,
8 if they needed to be stabilized. They had maybe a
9 possibility of -- you know, if they met criteria to be
10 hospitalized. If they were a danger to self or others.

11 I don't deny a child because of mental health,
12 if that is the question, which I am not quite sure it
13 was.

14 Q. So you are aware of cases of children at
15 Homestead who have been determined to be unstable in
16 this way?

17 MS. DAVILA: Objection. Vague.

18 BY MR. HOLGUIN:

19 Q. So unstable that they need hospitalization,
20 for example?

21 A. Yes.

22 Q. How often does that happen?

23 A. Not often, I wouldn't say. Again, you are
24 asking me questions that are while the case is going on
25 and my knowledge of the cases when they are ready for

1 release. So I don't feel that I could answer that in
2 all honesty.

3 Q. Well, when you have gotten the case submitted
4 to you, you have had occasion to see clinician reports
5 saying this child is unstable?

6 A. Not at the point that they submit the case.

7 Q. In other words, what you are saying is that in
8 the past they were unstable?

9 A. They could have been.

10 Q. How does past instability impact their
11 eligibility for release or the safety of their placement
12 outside of ORR custody?

13 A. It does not necessarily affect it. Again, if
14 you are looking at whether a home study is recommended
15 or not, if you have a child who is psychotic, a child
16 that has severe mental illness, then they would have a
17 home study. If not, if they didn't rise to that
18 occasion, we may recommend PRS. Post-relief services
19 would not -- that's not release deniable. It's a
20 recommendation, as is a home study.

21 I think your question to me is a little
22 confusing in that sense.

23 Q. Are you aware of children who are continued at
24 Homestead after being hospitalized for psychosis?

25 A. If there was no bed in any other facility --

1 well, no. After they were hospitalized, meaning they
2 are stable and returned to the facility stable? Then
3 yes. The answer is yes.

4 Q. Is it the case that a child can continue at
5 Homestead after a psychotic episode, provided someone
6 says that they have been stabilized?

7 A. If the child is stable and the recommendation
8 at the time from the treating psychiatrist is that the
9 child can remain in a shelter setting and there is no
10 bed to transfer the child, then yes, a child goes back
11 to Homestead.

12 Q. Now, when there is a child who has a psychotic
13 breakdown at Homestead, what is the process? What
14 happens?

15 A. What happens in what? What process are you
16 referring to?

17 Q. Do they send them to a hospital?

18 MR. PINCHAS: Objection. Incomplete
19 hypothetical.

20 THE WITNESS: If you're telling me if a
21 child --

22 MS. DAVILA: Objection. Vague.

23 BY MR. HOLGUIN:

24 Q. Let me rephrase it.

25 When it's determined that a child needs to be

1 hospitalized for psychiatric reasons, where are they
2 sent? Which hospital?

3 MR. PINCHAS: Objection. Incomplete
4 hypothetical.

5 BY MR. HOLGUIN:

6 Q. Which hospital? Do you know?

7 A. They are utilizing Larkin Hospital.

8 Q. Larkin Hospital?

9 A. Yes.

10 Q. Is that L-A-R-K-I-N?

11 A. Yes.

12 Q. Where is that located?

13 A. South Miami.

14 Q. Is it a public hospital or a private hospital?

15 A. To my knowledge, it is a private hospital.

16 Q. And ORR keeps records of children who have
17 been sent to Larkin? Does ORR keep records of children
18 who have been sent to Larkin?

19 A. I am not sure what you mean by "keep records."

20 Q. To your knowledge, does Larkin treat children
21 from Homestead who have been sent there from Homestead
22 free of charge?

23 A. Not to my knowledge.

24 Q. When I refer to records, records of payments
25 to Larkin for its having treated children in ORR

1 custody?

2 A. There is a medical unit that is not within
3 ORR, but they deal with the medical insurance. It's a
4 TAR they have to submit. So Larkin would have Homestead
5 submit the TAR for them. If they need additional time,
6 they have to do that.

7 In that sense, I don't know if that is a
8 record. Are they aware of -- the contractor that deals
9 with the insurance is aware of it.

10 Q. You said TAR. Is that an acronym, T-A-R?

11 A. Yes.

12 Q. Do you know what that stands for?

13 A. It's treatment authorization, I believe.

14 Q. Is ORR advised either in advance or shortly
15 after a child has been sent to Larkin from Homestead?

16 A. The program, CHSI, would submit a request to
17 the medical that they are -- that the child was
18 hospitalized. They would also do an incident report.
19 CHSI is supposed to complete an incident report within
20 four hours of the hospitalization.

21 Q. In terms of the medical care for the children
22 at Homestead, does ORR pay for that on a -- let's talk
23 about medical care that cannot be provided on site. For
24 example, hospitalization like we are talking about here.
25 I think you mentioned that there was something about an

1 insurance company or --

2 A. The children are --

3 MS. DAVILA: Objection. Vague. Objection.
4 Calls for speculation. Objection. Foundation.

5 THE WITNESS: I don't deal with the medical
6 authorizations at all. Again, my purpose is the
7 releases. So you are asking me to give an opinion
8 on something that I feel is a little out of my area
9 of work.

10 But yes, there is an insurance system that
11 insures the children. Who they are? I honestly
12 don't know. That is not anything I deal with. I
13 don't submit the TAR. I don't do anything with
14 insurance. I am not the one to answer your
15 question on that line.

16 BY MR. HOLGUIN:

17 Q. Okay. Fair enough. Thank you.

18 In terms of home studies and when they are
19 first recommended, at what point after a child arrives
20 at Homestead is the first point at which a home study
21 might be recommended?

22 MS. DAVILA: Objection. Asked and answered.
23 Objection. Cumulative.

24 THE WITNESS: We discussed that exact question
25 prior to the break. As I told you, it varies case

1 to case. I can't give you an answer on that one.

2 I know that was one of the questions we discussed.

3 I can't.

4 BY MR. HOLGUIN:

5 Q. In terms of the earliest case, the quickest
6 that you have seen a home study recommendation come in,
7 what would that be?

8 A. If there was an incident report where a child
9 reported that they were abused by a caregiver and it's
10 very early on when they report it, it might be requested
11 very early on because the knowledge is there. It would
12 rise to criteria of the TVPRA criteria. So it varies,
13 again. I will say it varies.

14 You can have a child come into a facility and
15 say nothing in the beginning because they are not
16 comfortable. And then you can have a child that is
17 disclosing issues ten days into their stay. So again,
18 it's case by case, depending on the information that is
19 available at the time.

20 Q. Let's take a hypothetical where a child comes
21 into the country and discloses to Border Patrol that I
22 have an aunt living in the United States, and then the
23 child comes into ORR custody. What is the quickest that
24 you would expect a home recommendation to come in on
25 such a case?

1 MS. DAVILA: Objection. Vague. Objection.
2 Calls for speculation.

3 THE WITNESS: Again, I don't deal with the
4 intake part of it. However, if intake provides a
5 phone number of a relative, which often they do,
6 the shelter typically calls the relative, even
7 before the child is placed, to try to get the ball
8 rolling. But again, I am not in that part of the
9 case process. I am at the end.

10 BY MR. HOLGUIN:

11 Q. Do home studies get scheduled before the case
12 arrives to you?

13 A. The whole case may not be completed when the
14 home study is requested. The case does not have to have
15 all the documentation when the home study is requested.
16 So I am the last -- the FFS is the last person that
17 approves the home study, but it could be anywhere in the
18 process of the case.

19 Q. Do you approve the performance of the home
20 study before the case is submitted to you?

21 A. When you say "submitted," what are you
22 referring to? Submitted for a home study
23 recommendation? I mean, what do you mean by submitted?

24 Q. How are cases submitted to you?

25 MS. DAVILA: Objection. Vague.

1 BY MR. HOLGUIN:

2 Q. Do they come to you without a recommendation
3 for release sometimes?

4 A. No.

5 Q. So by the time they get to you, there is
6 always a recommendation as to whether there should be a
7 release?

8 A. Yes.

9 Q. I guess the problem I am having is that I am
10 trying to understand how someone could recommend release
11 or continued custody in a circumstance where they also
12 think the home study might be necessary. I am just
13 trying to get to that, as to the timing of that, how it
14 works.

15 MS. DAVILA: Objection. Vague. Objection.
16 That is not a question. Would you like to
17 rephrase?

18 MR. HOLGUIN: I am trying to explain to the
19 witness the source of my confusion. Rather than
20 wasting a lot of time in trying to formulate a
21 question that she is going to be able to understand
22 on its own, I am trying to give context to it.
23 Well, if I have to, I have to.

24 BY MR. HOLGUIN:

25 Q. Do you receive recommendations or requests to

1 conduct home studies before there is a recommendation
2 regarding release?

3 A. Yes.

4 Q. Under what circumstances does that happen?

5 A. It is always before there is a recommendation
6 of release. They are recommending a home study.

7 Q. So the case managers will recommend a home
8 study without recommending release?

9 A. It is two different things that you are
10 talking about.

11 Q. So sometimes you get cases that come to you
12 just for the decision about home study, correct?

13 A. Yes.

14 Q. Now I understand. When a home study comes
15 back negative, is that information shared with the
16 proposed custodian?

17 A. If it's a denial, it is shared. If there are
18 issues that the proposed sponsor can mitigate that the
19 home study -- the reason for the denial, then yes, the
20 case manager will speak to them about what we can
21 mitigate from that. So a negative home study would not
22 necessarily mean a denial.

23 Q. I am referring to the home study that comes
24 back negative, whether or not it results in an actual or
25 final denial. Just a home study that comes back with a

1 negative recommendation, does the proposed custodian
2 receive a copy of the home study?

3 MS. DAVILA: Objection. Vague. Objection.
4 Asked and answered. Objection. Cumulative.

5 THE WITNESS: Not to my knowledge.

6 BY MR. HOLGUIN:

7 Q. Do you know why not?

8 A. In Child Welfare, if there was a report, a DCF
9 report, I don't believe that in that they give them
10 reports, per se. In the negative home study, we don't
11 give them the physical home study. However, the
12 findings are discussed with the sponsor, again, with the
13 hope that you could mitigate some of the negative
14 aspects of a home study.

15 Q. Who determines whether those negative aspects
16 have been mitigated?

17 A. It varies. Sometimes we will ask for an
18 addendum to the home study. Sometimes we will request
19 photos to make sure that the changes in the home are
20 made. It depends why the home study was negative.

21 Q. My question is: Who is it that decides
22 whether the concerns in the home study have been
23 satisfactorily resolved since a minor may be released?

24 A. It goes back to the case manager, who
25 recommends it back to the case coordinator, who

1 recommends it back to the FFS.

2 Q. In circumstances where the case manager
3 determines that the concerns have not been mitigated,
4 what opportunity, if any, does the proposed sponsor have
5 to contest that determination?

6 A. They are able to contest any -- if it results
7 in a denial of the case, they could request a denial. I
8 mean, they could request an appeal to the denial.

9 Q. To whom do they appeal?

10 A. They appeal to ORR headquarters.

11 Q. Is it your understanding that any custodian or
12 proposed custodian who has been denied custody of a
13 child has that right to appeal?

14 A. I believe I am speaking -- I know that the
15 parents have the right to appeal. A parental denial is
16 very different from a denial of any other category of
17 sponsor.

18 I know that in the case of a Cat 3 sponsor
19 that was denied, they appealed it to my supervisor, not
20 headquarters. So anybody other than the parents, they
21 can request that somebody else look at the case.

22 Q. They can request that someone else within ORR
23 look at the case?

24 A. Exactly.

25 Q. Now, you were talking about state and local

1 child welfare agencies in which I believe you said that
2 you don't believe that they share the results of home
3 studies with proposed custodians.

4 A. I am stating that I am working in the
5 capacity -- because you asked me questions about my
6 other job. We never provided reports to any family
7 members.

8 Q. In those circumstances, in those cases, is it
9 your recollection that parents and other relatives and
10 proposed custodians had a right to a hearing?

11 A. I believe so.

12 Q. And they would go in front of a juvenile court
13 judge or a dependency court judge?

14 A. You are talking 20-plus years ago. I had one
15 case that I didn't recommend a parent. And in the case
16 that I didn't recommend the parent, she did not care
17 about the recommendation. She didn't really want the
18 child anyway.

19 Q. Are you aware of any state or local agency
20 that has the right to deny the release of a child
21 without providing a hearing?

22 A. I believe you are talking apples and oranges.
23 We are looking at children that were in the custody of
24 that family member versus ORR where the children are
25 coming in and they were not in the custody of that

1 individual. I believe there is a little bit of a
2 difference between that.

3 Q. That is not always the case, is it?

4 MR. PINCHAS: Objection. Calls for a legal
5 conclusion.

6 BY MR. HOLGUIN:

7 Q. We all read the newspaper reports about
8 children being separated from their parents and other
9 family members at the border.

10 MS. DAVILA: Objection.

11 BY MR. HOLGUIN:

12 Q. Did none of those children come into ORR
13 custody, to your knowledge?

14 MS. DAVILA: Objection. Calls for
15 speculation. Objection. Foundation. Objection.
16 Asked and answered.

17 THE WITNESS: That is not what you were asking
18 me about, separations at the border. I don't
19 believe that is what I understood your question in
20 the beginning to be. I believe you were asking me
21 about hearings.

22 As I stated, there is a process for the
23 sponsors, if they don't agree with the denial that
24 they go through. Now, whether it is a Cat 1 -- as
25 I said, it's a different process. I am not quite

1 sure how the 2s and 3s go about that, but I have
2 had a case that was a denial that bumped it up past
3 my supervisor to look at the case. So that is all
4 I can honestly tell you about that process. It is
5 not a process I am involved in. I don't do
6 anything -- if I deny a case, I am done with that
7 case. I don't know how to answer you honestly on
8 that.

9 BY MR. HOLGUIN:

10 Q. Do you recall in that case that was bumped up
11 to your supervisor, was the proposed sponsor permitted
12 to come in and interview with the --

13 MS. DAVILA: Objection. Calls for
14 speculation.

15 THE WITNESS: I am not quite sure what they
16 did. I know a letter was written, and that is
17 about the extent of what I know.

18 BY MR. HOLGUIN:

19 Q. Going back to your comment about apples and
20 oranges, because I believe the distinction you were
21 trying to make was that children in ORR custody are
22 different from children in state and local child
23 protective jurisdictions because those children are the
24 ones that state and local agencies deal with are being
25 taken from their parents; is that correct?

1 MS. DAVILA: Objection. Misstates prior
2 testimony. Objection. Vague.

3 THE WITNESS: The population is different, is
4 what my point truly is. You're dealing with,
5 number one, two different systems and differing
6 populations.

7 BY MR. HOLGUIN:

8 Q. All right. When we're talking about
9 populations, we are talking about a generalization.
10 Would you concede that there are members of the ORR --
11 the population of children in ORR custody who have been
12 separated from their parents?

13 MS. DAVILA: Objection. Vague. Objection.
14 Calls for a legal conclusion.

15 THE WITNESS: Am I aware of cases --

16 MR. PINCHAS: Wait. Wait. Assumes facts not
17 in evidence.

18 BY MR. HOLGUIN:

19 Q. Are you aware of any children in ORR custody
20 that were separated from their parents at the border?

21 MS. DAVILA: Objection. Vague.

22 BY MR. HOLGUIN:

23 Q. You can answer.

24 A. Yes.

25 Q. So then in those cases, at the very least, the

1 situation is not so much different than those in which
2 the state or local child protection agency is trying to
3 remove a child from their parent. Is there any
4 difference?

5 MR. PINCHAS: Objection. Argumentative.

6 MS. DAVILA: Objection. Calls for
7 speculation. Objection. Foundation.

8 THE WITNESS: I don't know every child taken
9 from their families. I don't work within that
10 system and have not for 20-plus years. I don't
11 feel I can answer that.

12 BY MR. HOLGUIN:

13 Q. Are you aware of the average length of time it
14 takes for a case manager to submit a case to you for a
15 decision with respect to release?

16 A. I believe we discussed that answer previously.
17 Again, that is case by case.

18 Q. But is there an average? Do you monitor about
19 how long the case managers are taking to send you cases
20 for --

21 A. Again --

22 MS. DAVILA: Objection. Asked and answered.
23 Objection. Cumulative.

24 THE WITNESS: It's case by case. I am looking
25 at the cases on the back end. I am not sure how to

1 answer your question.

2 BY MR. HOLGUIN:

3 Q. Let me ask you this: Does ORR track or
4 accumulate statistics on how long case managers are
5 taking to submit cases for release with the FFSSs?

6 A. I believe they look at that. I don't know if
7 they are tracking it per case manager or per program.

8 Q. Where would those statistics be stored? Do
9 you know?

10 A. I don't know. That is an administrative
11 issue.

12 Q. Do you have the name of the administrative
13 unit that would --

14 MS. DAVILA: Objection.

15 Did you finish your answer?

16 THE WITNESS: I was just saying that it's
17 not -- I mean, I don't have that data personally,
18 so I am not sure how to answer your question of
19 where it is located.

20 BY MR. HOLGUIN:

21 Q. Do you know the name of the unit within or the
22 entity within ORR that would track that?

23 A. I don't.

24 Q. To your recollection, you have never seen
25 anything come from your superior expressing any concern

1 about the amount of time case managers have taken to
2 submit cases to you for a decision on release?

3 MS. DAVILA: Objection. Vague.

4 THE WITNESS: I have received instruction that
5 is more vague. I have not seen where it was listed
6 per case manager. I have seen where -- you know,
7 length of stay is a concern always. The philosophy
8 is timely and safe releases. So length of stay is
9 always a problem.

10 Again, as I stated before, it's case by case
11 and there are variables. Have I received data that
12 X case manager is taking longer than Y? I have not
13 seen that personally.

14 BY MR. HOLGUIN:

15 Q. Are you familiar with statistics on the
16 average length of stay in ORR custody?

17 A. I believe they send out an e-mail that may
18 have that information on it, but I don't -- it is not
19 something that I work on. So perhaps there has been. I
20 mean, I don't know. I know that the programs and their
21 quarterlies and other reporting may put their average
22 length of stay.

23 Q. So you are not aware whether the average
24 length of stay has increased or decreased over the past,
25 say, three years?

1 MS. DAVILA: Objection. Mischaracterizes
2 prior testimony.

3 BY MR. HOLGUIN:

4 Q. Are you aware of that?

5 MS. DAVILA: Objection. Vague.

6 THE WITNESS: Have I seen periods where the
7 length of stay was down versus higher? Is that the
8 question? In three years' period?

9 BY MR. HOLGUIN:

10 Q. Over the past three years, have you noticed
11 any trend in the length of stay, whether decreasing or
12 increasing?

13 A. The only trend that I am speaking of is the
14 cases that I see. I think there is a trend that the
15 number of length -- the length of stay has gone down.

16 Q. How would you identify the document or the
17 report -- what is the form in which you've received that
18 information?

19 A. I just told you that in my experience of
20 reviewing the cases, I have noticed that the length of
21 stay has gone down.

22 Q. But these are the cases of the Homestead
23 children that you have had?

24 A. Yes.

25 Q. Agency-wide, ORR-wide, you are not privy to

1 any of the --

2 A. They send out information on length of stay.
3 I can't cite it for you at the moment. They send out
4 length of stay averages in an e-mail form, but I can't
5 cite that for you.

6 Q. All right. Thank you.

7 In terms of the legal assistance available to
8 children at Homestead, what legal assistance is
9 available to them, to your knowledge?

10 MS. DAVILA: Objection. Foundation.

11 THE WITNESS: You are asking me more of a
12 contractual issue that is not what I work with. I
13 know that they receive -- that VERA has a contract
14 with ORR and I know that the local provider for the
15 children in the Miami area is Americans for
16 Immigrant Justice, AIJ.

17 BY MR. HOLGUIN:

18 Q. Do you have any estimate as to how many
19 children at Homestead are being represented by lawyers
20 with the Americans for Immigrant Justice? Do you know
21 how many children AIJ represents?

22 MS. DAVILA: Objection. Vague. Objection
23 compound.

24 Which organization are you asking about?

25 BY MR. HOLGUIN:

1 Q. I'm asking about AIJ.

2 A. When you say "represent," are you talking that
3 have submitted a G-28 and are representing a child or
4 are you talking about a legal screening and
5 know-your-rights presentation?

6 Q. A submission of a G-28.

7 A. Not that many. I don't know the number. I
8 don't deal with that. I don't deal with that end of it.

9 Q. Are you aware of children at Homestead
10 represented by lawyers, apart from AIJ staff attorneys?

11 A. If you are asking me if I have ever known that
12 a child has been represented outside of AIJ, I have seen
13 that.

14 Q. Has any lawyer who has been representing a
15 child at Homestead ever submitted evidence to you or
16 argument to you in favor of releasing their clients from
17 ORR custody?

18 A. To me directly? No. Not that I am aware of.

19 Q. Does ORR decline to release children because
20 they believe they may be flight risks after release?

21 A. I think you have to ask have I ever denied a
22 release for a future flight risk. Is that what you are
23 asking? I have personally not.

24 Q. Is flight risk one of the criteria that FFSs
25 are supposed to take into account in determining whether

1 to release a child from ORR custody?

2 A. I honestly don't understand. When you say
3 "flight risk," what are --

4 Q. Likelihood to abscond. They will not appear
5 for removal hearings or for removal, should they be
6 ordered removed?

7 A. But how are you expecting -- what do you mean?
8 I don't understand. It's like if I am predicting the
9 future.

10 Q. Well, yes.

11 A. I am not psychic. I don't know how to answer
12 your question.

13 Q. It's a prediction of future behavior,
14 certainly. So predicting whether a particular placement
15 is going to be safe or not, you would concede that,
16 would you not --

17 MS. DAVILA: Objection. Vague.

18 BY MR. HOLGUIN:

19 Q. When you are determining whether to release a
20 child and you determine that it is unsafe, the
21 determination predicts future behavior, future events.
22 Is that correct?

23 A. That is incorrect.

24 Q. How so? If a child is currently in ORR
25 custody and you are saying that a placement outside of

1 ORR custody is going to be unsafe, by definition, it
2 must mean it's going to be unsafe in the future.

3 MS. DAVILA: Objection. Vague. Objection.
4 Misrepresents prior testimony.

5 MR. PINCHAS: Objection. Argumentative.
6 Counsel is testifying.

7 THE WITNESS: When we look at factors for
8 safety, it is not an objective prediction. There
9 has to be an issue that is identified. Whether the
10 sponsor has serious criminal behavior -- I mean,
11 there are issues that you look at. It is not
12 necessarily that I am predicting that a child --
13 something will happen or a child will abscond. We
14 don't know. I mean, the likelihood of a child not
15 going to court -- I think there is a likelihood
16 with any child who is undocumented, you know, to
17 not go to court. So I don't think I would use that
18 as a determining factor because how would I know
19 that?

20 I am not quite sure where you are expecting me
21 to answer because looking at objective data versus
22 I am psychic and looking at the future are very
23 different in my eyes. So I would not use data that
24 is just what I predict versus here is history for
25 you. Here is your history that you are looking at.

1 Here is criminal history. Here is whatever history
2 you are looking at.

3 So I think that when you are looking at it, it
4 is not looking at a predictor in that sense. You
5 are looking at data that is objective data to show
6 what has gone on in the house versus, oh, I don't
7 think this kid is going to show up in court so I am
8 not going to release the kid to the sponsor.

9 Have I sent children to sponsors who have
10 removal orders? Yes. Is the likelihood that they
11 go to court? Who knows. So there are different
12 issues there. It is not one little answer that I
13 can squeeze into a box for you.

14 BY MR. HOLGUIN:

15 Q. If we are going to base it on past behavior,
16 say, a child has attempted to escape three or four
17 times, would that be taken into account in your
18 determination as to whether to release or not?

19 MS. DAVILA: Objection. Vague. Objection.
20 Asked and answered. Objection. Cumulative.

21 THE WITNESS: Would I look at that and say,
22 "Oh, I can't release the child because he wants to
23 leave Homestead"? No. I may think that they might
24 need additional services, but I don't think I would
25 deny a release for a child that is wanting or has

1 voiced or has attempted to run.

2 If they had attempted to run -- I mean,
3 sometimes there is a reason. They will tell you a
4 reason. It does not necessarily mean that this
5 child is going to do it again. I mean, it is case
6 by case when you are dealing with human lives.
7 There is no piece of paper that I can say, "Here
8 you go." It depends on the kid and the case and
9 the circumstances.

10 BY MR. HOLGUIN:

11 Q. So if I understand correctly, then, when you
12 say there may be reasons that a child has run or
13 attempted to run, what kind of reasons do you have in
14 mind?

15 A. This is opinion, obviously. This is not
16 factual, what I am saying here. In the case of a child
17 that may not understand how the process is moving along
18 and they get very antsy, that could happen. And then
19 someone sits with the child and explains here is where
20 we are at in your case, blah, blah, blah. That may calm
21 the child down. I mean, there are a lot of reasons.

22 Can we take a break?

23 MR. HOLGUIN: Yes, of course.

24 We can go off the record.

25 (Luncheon recess taken in the proceedings from

1 12:20 p.m. to 1:18 p.m., after which the following
2 proceedings were had:)

3 MR. HOLGUIN: David, go ahead.

4 MR. PINCHAS: Yes. I just want to say that it
5 seems that you are a very thoughtful witness. It's
6 just that since I am not there, if you could just
7 give me a few seconds before you answer so I can
8 make an objection. Okay?

9 THE WITNESS: Yes.

10 MR. HOLGUIN: Are we ready? We will continue
11 the deposition.

12 MS. DAVILA: We're ready.

13 BY MR. HOLGUIN:

14 Q. [REDACTED], speaking of fingerprints, what is
15 ORR's current policy on requiring fingerprints from
16 proposed sponsors or the members of their household?

17 A. The current policy is that we are not
18 fingerprinting the parents at this point, unless there
19 is cause to feel the need to fingerprint, and also not
20 household members. However, with home studies, the
21 fingerprints are -- they get fingerprinted with home
22 studies.

23 Q. To clarify, when a home study is performed,
24 there are fingerprints required of everyone in -- all
25 adult members in the household or every member of the

1 household?

2 A. Adult members of the household. If it's a
3 parent, the parent, at that point, is required.

4 Q. Absent a home study, fingerprinting of a
5 parent is not required?

6 A. Unless there is a concern that would elevate
7 that you would want to print.

8 Q. What about adult members of the parents'
9 household, are they fingerprinted?

10 A. They are not fingerprinted. But again, if
11 there is reason to believe there could be issues, they
12 may be requested to print.

13 Q. Is that a change from policy that existed in
14 the recent past?

15 A. Yes.

16 Q. When did the policy change?

17 A. I can't tell you the exact date. I believe it
18 occurred in March.

19 Q. What was the policy prior to March? March of
20 2019, by the way?

21 A. I believe so.

22 Q. Or 2018?

23 A. No. It was this year. The policy was that
24 the parents were being fingerprinted and adult household
25 members were being fingerprinted.

1 Q. So as recently as last month, all members of
2 the --

3 A. I think it was -- I am not giving you the
4 exact date because, honestly, I don't remember. It was
5 before March. So maybe January. It was definitely
6 before March. Sorry.

7 Q. Why was the policy changed?

8 A. You would have to ask the people that make
9 policy. I am not one that makes policy. I don't know.

10 Q. In your judgment, has the change in policy
11 impaired child safety?

12 A. I don't know how to answer that question.

13 Q. In your judgment, does fingerprinting -- well,
14 let's back up. Now, how are fingerprints actually
15 collected by ORR when they are required?

16 A. The sponsors go to either a digital site,
17 which can be in shelters. There is a list of digital
18 sites. They try to do them where the sponsor is or who
19 is getting fingerprinted won't be concerned. Obviously,
20 if you are asking someone who is not documented to go
21 get fingerprinted at your local police station, that is
22 going to be an issue. So they have fingerprint sites.
23 Some people don't live near fingerprint sites, so they
24 get the fingerprint cards to do.

25 Q. So the list of fingerprint sites, is that

1 published anywhere?

2 A. I am not sure if it is published anywhere. I
3 have a list. The programs have a list. They generally
4 provide the sponsor with the location closest to where
5 they reside.

6 Q. Your list covers the country or does it just
7 cover Miami?

8 A. Nationwide.

9 Q. Do you have any estimate as to how many sites
10 are listed on the list that you have?

11 A. No. I don't deal with the fingerprint sites
12 either. So no, there is no need for me to know that
13 information.

14 Q. But one of your concerns in making a release
15 decision is whether the fingerprinting has been
16 accomplished; is that correct?

17 A. If it is a required fingerprint, then that
18 would be correct.

19 Q. Do you have any estimate as to how long it
20 takes from the time that the proposed sponsor submits
21 fingerprints to the time the results come back?

22 A. I have no idea.

23 Q. Do you know what databases the fingerprints
24 are checked against?

25 A. I believe that they are checked against FBI.

1 I am not sure. I don't want to -- I am not sure. I
2 would be speculating.

3 Q. Have you become aware that there are
4 substantial delays in receiving fingerprint results?

5 MS. DAVILA: Objection. Vague. Objection
6 foundation.

7 BY MR. HOLGUIN:

8 Q. Let me ask it more specifically.

9 Do you know how long it takes from the time of
10 submission of the fingerprints to the time when ORR gets
11 results back?

12 A. I don't know the answer to that.

13 Q. When are fingerprints requested? Do you know
14 that? I mean the timing, not under the circumstances.
15 When in the process in a case where fingerprints are
16 going to be required are the proposed sponsors directed
17 to submit fingerprints?

18 MS. DAVILA: Objection. Vague.

19 THE WITNESS: They tell the sponsor about the
20 fingerprinting when they make contact with the
21 sponsor. So early on, unless -- again, it's case
22 by case. So unless there is an issue where we find
23 a home study to be necessary, then, you know, maybe
24 not right away because we didn't know the situation
25 would require a home study.

1 BY MR. HOLGUIN:

2 Q. I see. In addition to yourself, how many
3 other ORR personnel are involved with managing the
4 treatment conditions or release of children housed at
5 Homestead?

6 MS. DAVILA: Objection. Vague.

7 THE WITNESS: Are you speaking of treatment
8 conditions or releases? You lumped them together
9 so I am not quite sure of your question.

10 BY MR. HOLGUIN:

11 Q. We can separate them. With respect to
12 release, how many ORR personnel are involved in
13 determining whether children should be released from
14 Homestead?

15 MS. DAVILA: Objection. Asked and answered.
16 Objection. Cumulative.

17 THE WITNESS: As I said, there is another FFS
18 that works with me. We also have a supervisor. We
19 work as a team. Sometimes there could be other
20 coverage of Homestead from an outside FFS. If I am
21 on vacation, if we need extra help, we've had help
22 before.

23 BY MR. HOLGUIN:

24 Q. Now, you mentioned that there were other
25 shelters in the Miami area to which children from

1 Homestead are sometimes transferred. What are the names
2 of those shelters?

3 A. His House and Catholic Charities, Boys Town.

4 Q. So the two that you used to work for; is that
5 right?

6 A. I never worked for His House. I said I
7 covered His House as an FFS.

8 Q. My apologies.

9 A. I did work at Boys Town, yes.

10 Q. Are you in charge or do you participate also
11 in release decisions for children housed at those two
12 shelters or either one of them?

13 A. Not currently. I have covered them in the
14 past. But no, I haven't since I have been at Homestead.

15 Q. So who covers releases now from the other two
16 shelters, Boys Town and --

17 A. Another FFS.

18 Q. And that person's name is?

19 A. [REDACTED].

20 Q. Does [REDACTED] also work with children from
21 Homestead, children detained at Homestead?

22 A. She has covered Homestead in the past, but not
23 typically.

24 Q. In terms of monitoring conditions and
25 treatment while children are at Homestead, how many ORR

1 personnel are involved in that?

2 A. I am not involved in that. As I told you, I
3 deal with releases. I know that there is a COR team. I
4 am not sure how many people are in that team. I know
5 that my supervisor does look at that. I mean, there is
6 a wide range of people, I imagine. There is a COR team.
7 Again, I don't know how many people are on that. There
8 is another team that deals with -- the DIPEL (phonetic)
9 team kind of deals with, I guess, if there is an
10 evacuation need or something along those lines. I am
11 not involved in that area of the shelter.

12 DIPEL is an acronym. I don't know what it --
13 MS. DAVILA: A disaster?

14 THE WITNESS: Yes. In case there is a
15 hurricane.

16 BY MR. HOLGUIN:

17 Q. Speaking of the COR team, are the members of
18 that team housed in -- are they in Miami too?

19 A. No, they are not.

20 Q. Do you know where they are located?

21 A. I imagine they are in D.C., but I am not sure
22 if they are all in D.C. I am not quite sure.

23 Q. Are you aware of anybody who is in Miami who
24 regularly participates in monitoring the treatment that
25 children experience at Homestead?

1 A. I would say my supervisor is the one who would
2 know that information.

3 Q. Now, your offices are here in Miami, correct?

4 A. I don't have an office, but yes, I am situated
5 in Miami. I work remotely.

6 Q. I see. Does ORR have an office here in Miami?

7 A. There is an office that we use in Homestead.
8 But no, we don't have an office in Miami.

9 Q. I believe you testified earlier that on
10 occasion the children will be transferred out of
11 Homestead into one of the two Miami shelters prior to
12 being transferred to a long-term foster care placement.
13 Is that right?

14 MS. DAVILA: Objection. Mischaracterizes
15 testimony. Objection. Vague.

16 BY MR. HOLGUIN:

17 Q. Is that the case? A child goes from Homestead
18 to one of the shelters before being sent to long-term
19 foster care?

20 A. Yes.

21 Q. Is it a policy that a child may not go
22 directly to long-term foster care from Homestead?

23 A. There is not a policy. The long-term foster
24 care tends to take quite some time. When we are
25 referring to long-term foster care, typically, the

1 attorney that is supplying the good faith letter would
2 like the child to remain in the Miami area. So we
3 transfer them to one of the local shelters.

4 Q. You referred to this letter as a good faith --
5 I am sorry. How was that called?

6 A. Good faith letter.

7 Q. Good faith letter. What does that letter
8 convey?

9 A. It is a legal letter from the attorneys,
10 basically, that the child could have relief, some sort
11 of legal relief.

12 Q. And they need that in order to get into
13 long-term foster care?

14 A. Yes.

15 Q. And is it required that an attorney prepare
16 that?

17 A. Yes.

18 Q. So in terms of children at Homestead, is it
19 correct that the attorneys from Americans for Immigrant
20 Justice are the ones that typically submit those
21 letters?

22 A. Yes.

23 Q. Have you ever had an occasion where an
24 attorney not affiliated with Americans for Immigrant
25 Justice has submitted a good faith letter on behalf of a

1 child detained at Homestead?

2 A. Not that I recall. Again, the volume is high.
3 There could be. Not that I am able to recall.

4 Q. When you assumed your position as an FFS, were
5 you required to attend training that ORR put on?

6 A. Yes.

7 Q. What did that consist of?

8 A. There was training -- there were different
9 trainings. So we had HR training, different trainings
10 in D.C. I trained hands-on with my supervisor as well.

11 Q. In training hands-on with your supervisor,
12 where, physically, did that take place?

13 A. At one of the facilities.

14 Q. Do you recall the facility?

15 A. I believe it could have been Boys Town, I
16 believe.

17 Q. Now, have you had occasion to take notice of
18 children detained at Homestead who have physical
19 disabilities?

20 A. Yes. Personally seeing them, no. Reading
21 about them when they are submitted, yes.

22 Q. What sort of physical disabilities did you
23 take note of?

24 A. We had children that had heart difficulties
25 that required surgery. They have had children with eye

1 issues, some that needed surgery. Along those lines.

2 Q. What about disabilities in terms of limbs,
3 being able to walk, being able to have use of arms and
4 legs?

5 A. We have had one recently that had some
6 mobility issues due to -- I believe it was feet and
7 fingers, but I am not 100 percent sure on that.

8 Q. To your knowledge, is Homestead able to
9 accommodate children with those kinds of disabilities?

10 MS. DAVILA: Objection. Calls for
11 speculation. Objection. Foundation. Objection.
12 Vague.

13 MR. PINCHAS: Objection. Calls for a legal
14 conclusion.

15 BY MR. HOLGUIN:

16 Q. You can answer.

17 A. This would be an opinion of mine. My opinion
18 is they are better able to handle medical kids because
19 they have a medical department, which the shelters do
20 not have. Do they stay there with medical conditions
21 if there is an issue that they don't have to be moved
22 for that? It's on a case-by-case basis.

23 In my opinion, because they have a doctor on
24 staff and nurses, they are better equipped to deal with
25 medical issues, in my opinion.

1 Q. How about mobility issues?

2 MS. DAVILA: Same objections as before. Also
3 calls for expert testimony and impermissible lay
4 opinion.

5 THE WITNESS: This is opinion. It's not
6 factual as well. I think they are just as equipped
7 because of the fact that it is one story. There
8 are not steps involved. Some of the shelters -- in
9 His House, you have to step up into the cottages.
10 Boys Town is flat for the boys, but the girls have
11 an upstairs. So in some cases, I would say it's
12 better equipped because they are on one floor.

13 BY MR. HOLGUIN:

14 Q. Have you had occasion to actually look at the
15 buildings in which the children sleep at Homestead?

16 MS. DAVILA: Let the record reflect that
17 [REDACTED] has written a note and provided it to
18 counsel.

19 You may answer the question.

20 THE WITNESS: Yes.

21 BY MR. HOLGUIN:

22 Q. So then you observed that there is more than
23 one floor to those dorms, correct?

24 A. There are dorms where there is a second floor
25 and there are dorms -- there is enough bed space in the

1 flat area, plus they have a medical area. So that is
2 why I answered as I did.

3 Q. So your recollection is that the dorms at
4 Homestead have two floors?

5 A. I said that I believe there is one building
6 that has a second floor. I am not sure if there is a
7 second building that has a second floor where the
8 children sleep. They also have a ground floor. There
9 are no steps to get into the ground floor, which is what
10 I had stated.

11 Q. Okay. Now, is there any periodic review of
12 children's placement at Homestead, whether they should
13 be placed there or somewhere else on a periodic basis, a
14 fixed schedule?

15 A. That I participate in? No.

16 Q. Or that you know of.

17 A. I know that sometimes I will receive a message
18 from the medical department saying that this child needs
19 to be transferred for medical reasons. But I am not
20 aware of periodic reviews of that.

21 Q. Are you aware of any list of free legal
22 services that is provided to children at Homestead?

23 A. I don't participate in the intake process with
24 the children, but they are required to provide that
25 information to the children.

1 Q. But you personally have never seen such a
2 list?

3 A. I have seen --

4 MS. DAVILA: Objection. Misstates testimony.

5 BY MR. HOLGUIN:

6 Q. It's a question.

7 A. I have seen the list before, yes.

8 Q. How long ago?

9 A. I really don't know the answer to that.

10 Q. To your knowledge, are your duties as an FFS
11 typical of what FFSs do in general?

12 MR. PINCHAS: Objection. Lacks foundation.

13 MS. DAVILA: Objection. Vague.

14 You may answer the question.

15 THE WITNESS: Yes.

16 BY MR. HOLGUIN:

17 Q. Now, going up your chain of command, you have
18 a supervisor. What is the chain of command as it goes
19 up from there?

20 A. My supervisor also has a supervisor.

21 Q. And is that person here in Miami?

22 A. No.

23 Q. So that person works where?

24 A. Washington.

25 Q. And then above that individual?

1 A. I am not quite sure of the hierarchy of who
2 his direct supervisor is. But is it somebody in Miami?
3 No.

4 Q. Do you know the name of the person in
5 Washington who supervises your supervisor?

6 A. Yes.

7 Q. Could you please provide it?

8 A. [REDACTED]

9 Q. Who is it within Office of Refugee
10 Resettlement who is responsible for liaison with General
11 Dynamics Information Technology?

12 MS. DAVILA: Objection. Foundation.

13 THE WITNESS: I am not sure what the question
14 is. A liaison? They have a project officer, as
15 every contract does. So I am not quite sure how
16 you are -- what you are trying to ask me.

17 BY MR. HOLGUIN:

18 Q. Well, who within the government overseas the
19 work of General Dynamics Information Technology, if
20 anyone?

21 A. I would be speculating that it would be --
22 that they would have a project officer that would be in
23 charge of the contract. I am not 100 percent. I don't
24 deal with contracts or monitoring. That is well above
25 what I do in my position.

1 Q. Now, I believe you mentioned earlier that you
2 had involvement with the transfer of children from
3 Homestead to an RTC; is that correct?

4 A. Yes.

5 Q. And an RTC stands for residential treatment,
6 center; is that correct?

7 A. Yes.

8 Q. What residential treatment center were you
9 involved in in the course of this transfer decision?

10 A. I believe that we sent one child to Shiloh,
11 and I believe we sent one child to an out-of-network
12 facility, Acadia. I believe the name was Acadia. I am
13 not 100 percent sure.

14 Q. Now, when you say "an out-of-network
15 facility," what does that mean?

16 A. It means a facility that is not under contract
17 with ORR.

18 Q. Do you know how many of those exist right now?

19 A. I do not. I refer to one. I don't know how
20 many exist.

21 Q. Do you know of any others, other than the one
22 you just mentioned?

23 MS. DAVILA: Objection. Asked and answered.

24 THE WITNESS: I don't.

25 BY MR. HOLGUIN:

1 Q. Do you know the criteria for sending a child
2 to an out-of-network facility?

3 A. Well, typically, the criteria, there is no
4 capacity within network or the in-network program will
5 not accept the child for whatever reason that would be,
6 and the child meets RTC criteria per the treating
7 psychiatrist.

8 Q. So are all of the out-of-network facilities
9 residential treatment centers?

10 A. I don't believe so. I have not used an
11 out-of-network except one time for one child, so I can't
12 speak to that. People could be using out of network
13 that I am unaware of. I can tell you my experience was
14 one program.

15 Q. In your experience, why was the child sent to
16 an out-of-network placement in that one instance?

17 A. I believe there was no capacity at the
18 in-network one, and I believe the other program would
19 not accept the child.

20 Q. So in-network residential treatment centers in
21 existence right now are -- how many of them are there,
22 if you know?

23 A. I believe, two.

24 Q. Would that be Shiloh and MercyFirst?

25 A. Yes.

1 Q. Have you had occasion to send children to
2 either of those facilities, other than the one instance
3 that you mentioned?

4 A. I believe I only had one child accepted by
5 Shiloh that I have sent. I am not quite sure -- I might
6 have sent a child to MercyFirst in the last contract. I
7 don't believe I have in this contract year. So I am not
8 sure. I am not quite sure.

9 Again, the volume, if you're looking at the
10 volume, it is very hard for me to answer.

11 Q. What are the criteria that you know of
12 pursuant to which an RTC may refuse to accept the child?

13 A. I am not sure of the criteria that they use
14 because that is not a program I oversee, nor am I privy
15 to their contract. They have denied children that they
16 did not feel was a fit for the population that they were
17 serving at the time. But specifics, I don't know. They
18 just say "yes" or "no". That is what I see.

19 Q. Do you know how long Homestead has been in
20 operation?

21 A. On this contract or the contract before?

22 Q. In operation as an ORR facility.

23 A. I think they came on in 2016, I want to say.
24 I want to say. It could be off, but I believe it was
25 2016. I believe. Maybe '15, but I believe '16.

1 Q. Is it your understanding that Homestead is
2 located on a military base?

3 A. To my understanding, it is on a job corps
4 site, not a military base.

5 Q. Job corps site. Do you have any knowledge as
6 to why it was located on a job corps site?

7 A. Availability, I believe.

8 Q. Do you know what the cost is to detain a child
9 per day at Homestead?

10 A. I don't know. I don't deal with contracts. I
11 have no knowledge of what they -- what the per diem rate
12 for a child at Homestead is.

13 Q. Are children who are placed at Homestead given
14 any notice of the reason they are being placed there?

15 A. I don't know what intake gives them or does
16 not give them, so I honestly don't know.

17 Q. In terms of transferring children out of
18 Homestead to some other placement, is there any written
19 policy that you know of?

20 A. There is criteria in policy that will tell you
21 the difference between the programs and the level of
22 care. They would have to meet criteria if you are
23 looking at different programs that are not
24 shelter-to-shelter. There is criteria and policy that
25 dictates what would constitute a transfer to a different

1 level of care.

2 Q. What different levels of care does ORR have?

3 A. Shelter, staff secure, secure, RTC, and
4 long-term foster care. And transitional foster care,
5 but that is not a transfer that we do.

6 Q. Specifically with respect to Homestead, are
7 there any written criteria you know of about when
8 children should be transferred out of Homestead to
9 another shelter?

10 A. Well, we look at different factors in
11 determining that. A child who we know would be extended
12 stay if they chose voluntary departure or a child that
13 is going to long-term foster care because those
14 processes are long, we would try to transfer them to a
15 permanent shelter.

16 As far as different level of care, again, that
17 is criteria based. So that would require that they met
18 criteria to be placed in a different level of care.

19 Q. I am referring specifically to transfers to
20 shelters. Transfers out of Homestead to a shelter. Are
21 there any criteria written down for when that might
22 happen?

23 A. Well, as I stated before, there is criteria
24 time-wise when the percentage in the shelter, to my
25 knowledge, is under 85 percent versus above. But I am

1 telling you what I have been told.

2 Q. Do you have any knowledge as to how much it
3 costs to perform a home study?

4 A. No, sir. I have never been involved in the
5 home study process and I don't deal with contracts in my
6 position at all either. So no, I don't know.

7 Q. Is it the case that persons who are required
8 to be fingerprinted may have to appear more than once
9 because of the length of time that has transpired
10 between the first fingerprinting and the release
11 decision?

12 A. Has that occurred? Yes. Because the
13 fingerprints are only valid a certain length of time.
14 So that has happened. It is very rare, but it has
15 happened.

16 Q. How long are fingerprints valid for?

17 A. I believe it is -- I believe it is now four or
18 six months. I can't even remember right now.

19 Q. Do you know why they are considered to be
20 valid for only a fixed period?

21 A. Well, obviously, if you are looking at a home
22 study and safety issues, you're looking at, hopefully,
23 nothing has happened since the last fingerprinting.

24 Q. Well, there is a difference -- even after the
25 period, whatever it may be, has expired, what is the

1 impediment to rechecking the same fingerprints against
2 the databases? Rechecking the same fingerprints?

3 MS. DAVILA: Objection. Vague.

4 THE WITNESS: You would have to ask the
5 fingerprint people that handle the fingerprints. I
6 don't know what that is. I don't partake in the
7 fingerprinting process or the -- when we get it, we
8 just get results. So I don't know the answer to
9 that.

10 BY MR. HOLGUIN:

11 Q. But who determines whether the results are
12 based upon stale fingerprints?

13 A. It is just the date. It is not a question of
14 who determines that. It was just a date. They are
15 taken out of our system after a certain amount of time,
16 so I would not even be able to check them after a
17 certain amount of time.

18 Q. So as far as you would know, then, they had
19 never been fingerprinted. Would that be fair to say?

20 MS. DAVILA: Objection. Misstates testimony.

21 THE WITNESS: I don't know if I would know or
22 not. I may not know because by the time it gets to
23 me, which is the back end, I am looking at what is
24 going on, you know, with the fingerprints. If the
25 fingerprints are gone from our system, I have no

1 way of knowing that they took them and that they
2 were processed, if it's out of our system.

3 BY MR. HOLGUIN:

4 Q. Do you know the name of the unit or people who
5 are in charge of fingerprinting for ORR?

6 A. I believe it is PSC. I know you will ask me
7 the acronym, which I can't tell you. It's PSC.

8 Q. To your knowledge, is that a private company
9 or is that a unit within the federal government?

10 A. I believe that it's a unit within the federal
11 government, but I am not 100 percent on that.

12 Q. Okay. Now, in reviewing cases presented to
13 you from children at Homestead, is there an indication
14 amongst the clinician notes or elsewhere whether the
15 child has been prescribed psychotropics?

16 A. Yes.

17 Q. What is your best estimate as to the number of
18 cases you have seen where a child has been prescribed
19 psychotropics?

20 A. I would say it is a low percentage. I can't
21 give you a number. Again, I also split the Homestead
22 duties. You're looking at whatever I am looking at. I
23 would say it's a low percentage of kids.

24 Q. When you say "low," is that below 5, below 2,
25 below 10?

1 MS. DAVILA: Objection. Calls for
2 speculation.

3 THE WITNESS: It is speculation, but I'll
4 answer. I would say maybe 2 percent, maybe 3
5 percent. It's small. It is not a large amount of
6 kids.

7 BY MR. HOLGUIN:

8 Q. What is your understanding as to who has
9 prescribed those medications for the children?

10 A. The psychiatrist is the only one that I am
11 aware of that prescribes the medication to the children.

12 Q. And is that the psychiatrist at the hospital
13 that we were talking about earlier, Larkin?

14 A. There, or I know that they take the children
15 to their outpatient clinic. So it would be a
16 psychiatrist.

17 Q. Their outpatient clinic? Who is --

18 A. Larkin.

19 Q. So it's either Larkin Hospital or the Larkin
20 outpatient clinic?

21 A. For the most part. Occasionally, a child may
22 go elsewhere, depending, you know, if there is no room.

23 Q. Is it your understanding that ORR is the one
24 who agrees that the child should be on the
25 psychotropics?

1 MS. DAVILA: Objection.

2 MR. HOLGUIN: Yes, that was bad. Let me
3 rephrase.

4 BY MR. HOLGUIN:

5 Q. Who consents to the administration of the
6 psychotropic medications to the children --

7 MS. DAVILA: Objection. Foundation.

8 BY MR. HOLGUIN:

9 Q. -- detained at Homestead?

10 A. It is my understanding procedurally that they
11 consult with the parents. The child can always say no.
12 They are under ORR care; however, they do speak to the
13 parents, and the child can say no. I have seen that
14 happen before.

15 Q. So is the parent required to sign a consent
16 form for the administration of psychotropics?

17 A. My belief is -- and I don't deal with that
18 aspect. I have seen the forms that they are signing. I
19 have not seen them the whole time I have been at
20 Homestead, but more recently, yes. I was told by one of
21 the lead clinicians that they call the family, even from
22 the hospital, so that if they have a question about the
23 medication, the doctor can answer it. So I know that
24 they were doing verbal consent as well.

25 Q. Have you taken note of any written policy that

1 ORR has on the administration of psychotropic
2 medications?

3 A. It's evolving, the medication consents. We
4 are using a form at Homestead and have been for a little
5 bit of time. I am not quite sure when that started. So
6 I would say yes. But prior, it was very vague. I know
7 that they were doing verbal consent with the parents.

8 Bear in mind, some of these parents are in
9 very, very remote areas where it is very difficult to
10 obtain information.

11 Q. Do you ever have occasion to try to contact
12 one of these parents on your own?

13 A. No, I have not. Again, I get the case at the
14 back end. Anything that has been done, has already been
15 done by the time it gets to me. It is for release
16 decision.

17 Q. Yes. But you did mention that you had spoken
18 to three children at Homestead.

19 A. I did, actually, speak to three children at
20 Homestead.

21 Q. What language did they speak?

22 A. Spanish.

23 Q. And did you communicate with them in Spanish?

24 A. I did. And I am not fluent, but I am pretty
25 good. I had with me the CFS, who was completely

1 bilingual.

2 Q. Who translated for you?

3 A. Yes.

4 Q. If you wanted to speak with a Spanish-speaking
5 parent, whether in the United States or elsewhere, would
6 you be in a position to be able to do that?

7 A. I would not feel comfortable doing that in
8 terms of asking for consent for medication. I
9 understand Spanish and I speak Spanish, but my Spanish
10 is limited to items that I am used to speaking about.
11 So I would not -- I would not want to be the one to do
12 that because I would want to make sure that they
13 understood completely. So no is the answer.

14 Q. Very well. In making the release decisions
15 for a child whose parent is abroad, what weight do you
16 give the parents -- what, if any, weight do you give the
17 parents instructions as to who the child should be
18 placed with?

19 A. Completely. The children have to have a
20 letter of designation from the parents. We would not
21 release to somebody that is not designated for the
22 child. Now, does that mean I am going to automatically
23 release to the sponsor they designate? Not necessarily,
24 if there were issues that I talked about previously that
25 deal with safety. But would we send a child somewhere

1 where the parent is saying no or we don't have that
2 letter? No.

3 Q. What about in the circumstance where the
4 parent says, "I would like my child to live with this
5 person"? What weight is that given?

6 A. Again, in terms of, we would -- that is who we
7 would explore, obviously, unless the child said, "No, I
8 don't want to go to this person. I don't know this
9 person." So we would explore the person, always, who
10 the parent says. But does that necessarily mean we
11 release to that person? It does not.

12 Q. Are the parents' wishes taken into account?

13 MS. DAVILA: Objection. Asked and answered.

14 THE WITNESS: I believe I answered that. That
15 is who we would explore, is the sponsors.

16 BY MR. HOLGUIN:

17 Q. So it would function to cause you to consider
18 a particular individual, correct? If the parent said,
19 "I would like my child released to this person, my
20 sister," for example, you would then begin to evaluate
21 the sister?

22 MS. DAVILA: Objection. Vague. Objection.
23 Compound.

24 BY MR. HOLGUIN:

25 Q. Is that correct?

1 A. The program would begin to assess that sponsor
2 and make a recommendation.

3 Q. Now, in the circumstance where a child arrives
4 and reports having more than one potential sponsor,
5 there is a hierarchy, is that correct, in terms of
6 closeness of family relationship? In other words, you
7 will consider parents first, more distant relatives
8 second, and so forth? Is that correct?

9 MS. DAVILA: Objection. Vague. Objection.
10 Compound.

11 THE WITNESS: Yes. In most cases, we would
12 want to get somebody in the family first before you
13 would look outside the family.

14 BY MR. HOLGUIN:

15 Q. And so in Category 1, which you referenced
16 earlier, those are parents and guardians; is that right?

17 A. Parents and legal guardians.

18 Q. And Category 2?

19 A. Is close family. So uncle, aunt, first
20 cousin, grandparents.

21 Q. And in Category 3?

22 A. Other cousins that are not first cousins. And
23 obviously there is -- or relatives that are distant
24 relatives, but you can still prove it with the birth
25 certificates. Or as I stated before, there are some

1 unrelated sponsors.

2 Q. In Category 3?

3 A. In Category 3.

4 Q. And then in Category 4?

5 A. That means no sponsor.

6 Q. I see. So when I ask about hierarchy,
7 assuming all other things are equal, you would release
8 to Category 1, someone in Category 1, before you would
9 release to someone in Category 2; is that correct?

10 MS. DAVILA: Objection. Misstates prior
11 testimony.

12 THE WITNESS: Yes. You said if everything is
13 okay. Yes.

14 BY MR. HOLGUIN:

15 Q. Yes. Now, when a child reports that he or she
16 has more than one potential sponsor, what is the policy
17 of ORR in terms of simultaneous evaluation or serial
18 evaluation? In other words, will ORR evaluate both
19 potential custodians at the same time or do you want to
20 wait for one to be rejected before going to the next?

21 A. No. We stress that they should do concurrent
22 sponsorship when it is not, like, a parent. Because you
23 never know what is going to happen or if somebody is
24 going to drop out. So yes, we are all for concurrent
25 sponsors.

1 Q. Concurrently evaluating sponsors?

2 A. Yes.

3 Q. Returning a little bit to the topic of
4 children's behavior at Homestead, have reports come to
5 your attention that children are being told that by
6 behaving badly at Homestead their detention will be
7 extended?

8 MS. DAVILA: Objection. Vague. Objection.
9 Argumentative. Objection. Compound. Objection.
10 Mischaracterizes prior testimony. Objection.
11 Speculative.

12 THE WITNESS: I am not quite sure. Are you
13 talking about a youth care worker saying this or a
14 case manager or anyone at Homestead?

15 BY MR. HOLGUIN:

16 Q. Anyone in authority at Homestead.

17 MS. DAVILA: Same objections.

18 THE WITNESS: To my knowledge, I have not
19 heard that. It could happen. I have not heard
20 that.

21 BY MR. HOLGUIN:

22 Q. If it is told to them, it would be inaccurate;
23 is that correct?

24 MS. DAVILA: Same objection as before.

25 THE WITNESS: Yes.

1 BY MR. HOLGUIN:

2 Q. What is the consequence to a child who
3 misbehaves at Homestead?

4 MS. DAVILA: Objection. Vague.

5 THE WITNESS: When you say "misbehaves," what
6 are you speaking of? There is obviously degrees.
7 There are degrees. If it's a child that could harm
8 somebody else or themselves, obviously that is a
9 different perspective. If it's a child that maybe
10 used foul language -- I mean, there are so many
11 different scenarios that we could discuss that I am
12 not quite sure how to respond to what you are
13 saying.

14 BY MR. HOLGUIN:

15 Q. Well, what is the range of disciplinary
16 consequences that people at Homestead have at their
17 disposal when there is misbehavior?

18 MS. DAVILA: Objection. Vague. Objection.
19 Calls for speculation.

20 THE WITNESS: Again, as somebody who deals
21 with releases, I don't know what they utilize in
22 terms of negative. Does it affect a release? Not
23 unless it's something that maybe requires a home
24 study. But again, there are a million different
25 scenarios you are looking at. And being not the

1 person there and monitoring the program in that
2 aspect, I don't know.

3 BY MR. HOLGUIN:

4 Q. But you have had occasion to read SIRs?

5 A. Yes.

6 Q. And do the SIRs indicate the discipline that
7 has been administered for the violation that is reported
8 in the SIR?

9 A. I believe they do an addendum to the SIR.
10 Which I don't always get and don't usually see until the
11 end. In the initial SIR, no, I don't see where that
12 is -- where I would see that.

13 Q. But it might appear in an addenda?

14 A. It could appear. I am not saying it does or
15 it does not. I don't know.

16 When you talk about discipline, I am not quite
17 sure what you mean by that.

18 Q. Well, there is misbehavior and then there is a
19 consequence for that, presumably, so the misbehavior
20 does not recur. So I am wondering what it is that ORR
21 or the personnel at Homestead do to a child who
22 misbehaves.

23 MS. DAVILA: Objection. Compound. Objection.
24 Vague. Objection. Confusing. Counsel is mixing
25 misbehavior and behavioral issues.

1 BY MR. HOLGUIN:

2 Q. Misbehavior. Let's just settle on that.

3 A. What would fall into the category of
4 misbehavior that you are asking me to discuss?

5 Q. Let's talk about disrespecting staff members,
6 for example.

7 A. All I have seen that they have done, and this
8 is not -- this is speculation, meaning after the fact.
9 What I have seen is that they have met with a clinician
10 to discuss that.

11 Q. Are you aware of anything beyond that? For
12 example, isolation. For example, loss of privileges, to
13 watch television or participate in recreation or
14 anything of that nature as a consequence of a child
15 misbehaving at Homestead.

16 MS. DAVILA: Objection. Asked and answered.

17 Objection. Cumulative.

18 THE WITNESS: Yes.

19 BY MR. HOLGUIN:

20 Q. When a child is subject to that sort of
21 discipline at Homestead, what is the procedure for
22 determining what discipline should be applied?

23 A. That, you would be better served asking
24 someone who is not the person that just reviews the
25 files. I don't know the answer to that.

1 Q. When a child has a grievance or a complaint
2 about their treatment at Homestead, how would he or she
3 make that complaint or grievance known to ORR?

4 A. I believe Homestead -- well, I have seen that
5 Homestead has a grievance procedure. I have seen a
6 report that was generated by CHSI with the grievances on
7 them.

8 Q. So is it your understanding that those kinds
9 of reports come in periodically to ORR?

10 A. I don't --

11 MS. DAVILA: Objection. Counsel is
12 testifying. Summary reports is not in the witness'
13 testimony.

14 MR. HOLGUIN: I thought I backed away from
15 that term.

16 BY MR. HOLGUIN:

17 Q. The report that you mentioned, where there is
18 a list of children and -- is that correct? It is a list
19 of children that have submitted grievances or
20 complaints?

21 A. I honestly don't review it. I believe it is a
22 report. I don't know how often they submit it. It goes
23 to the COR team. I believe it lists the grievances that
24 the children have. I am not sure of the period of time.
25 It is not something that I would look at. I know I have

1 seen it.

2 Q. All right. That's fair.

3 Does ORR review or approve -- let's start with
4 review. Does ORR review rules regarding detainee
5 behavior or children's behavior at Homestead before they
6 are implemented?

7 A. That is contractual, the contractual part of
8 the contract. I don't know that. I would imagine it
9 would be in part of their grant submission, but I don't
10 know.

11 Q. Are you aware that a child touching another
12 child at Homestead is considered a violation of the
13 facility rules?

14 MS. DAVILA: Objection. Vague.

15 THE WITNESS: I would imagine it is a
16 violation of the rules, but I am speculating.

17 BY MR. HOLGUIN:

18 Q. In the shelter you worked at previously, were
19 children precluded from touching one another?

20 A. Yes.

21 Q. At all times?

22 A. When you say "touching," do you mean -- I know
23 it's on the record. If somebody taps somebody on the
24 arm, or are you talking about touching an area that --

25 MS. DAVILA: Let the record reflect the

1 witness has tapped herself on the arm and then
2 referred to the upper torso.

3 BY MR. HOLGUIN:

4 Q. I am talking about any physical contact.

5 A. When I was at Boys Town, we did not want any
6 physical contact because it could be misconstrued and,
7 obviously, turned into something that it did not need to
8 turn into necessarily. So we did not want the children
9 touching each other, no.

10 Q. Was it considered an infraction if they shook
11 hands or --

12 A. Are you speaking to Boys Town when I was the
13 director?

14 Q. Yes.

15 A. No.

16 Q. Did you say that there were girls also at Boys
17 Town?

18 A. Yes.

19 Q. Would one girl's brushing another girl's hair
20 be considered prohibited contact at Boys Town?

21 A. We would ask them not to do that, so they
22 would be stopped. But would it generate anything
23 behavioral for the child? No.

24 We are talking about Boys Town, though,
25 remember. And then we are also talking about prior to

1 2014.

2 Q. Yes.

3 Are children permitted writing implements,
4 writing instruments, pens or pencils, in their rooms at
5 Homestead?

6 A. You are talking about programmatic things,
7 which, again, deal with releases?

8 Q. Yes.

9 A. I would speculate that they can't, but I don't
10 know.

11 Q. At Boys Town, were children permitted writing
12 implements in their rooms?

13 A. No.

14 Q. What would be the consequence if a child at
15 Boys Town were discovered with a writing implement in a
16 room?

17 A. Just take the writing instrument away. It
18 wasn't really a -- I mean, keep it in context of what
19 the child is doing. We did that because they were
20 writing on furniture all the time. So that was the
21 reason for the no pens and pencils in the rooms. But
22 did you get a punishment for that? No.

23 Q. To your knowledge, are children at Homestead
24 permitted to listen to music?

25 A. I honestly don't know the answer to that.

1 Q. What about at Boys Town?

2 A. Most of them had MP3 players, so yes. Back
3 in -- I said MP3 player, so it was a while ago.

4 Q. The children at Homestead, are they permitted
5 to wear hats?

6 A. I believe so, but I am not -- I am not quite
7 sure. I believe they are allowed.

8 Q. At Boys Town, were the children permitted to
9 wear hats?

10 A. Yes.

11 Q. At Boys Town, were children permitted to have
12 trips outside of the facility?

13 A. Yes.

14 Q. Are you aware whether children at Homestead
15 are permitted to leave the facility for trips?

16 A. I have not seen them on a trip or heard of
17 them on a trip. I don't know. I have not seen that
18 they have.

19 Q. In terms of meals and nutrition, was it the
20 policy at Boys Town to vary the menu?

21 A. Yes. However, in Boys Town we had to have all
22 menus approved by a dietician. There were five cycles
23 of menus that we had that were approved by dieticians.
24 So we were very limited in the flavors and the salt
25 content because there was a dietician. So yes and no to

1 that question.

2 Q. Are you aware of what sorts of variations in
3 menus children have at Homestead?

4 A. Again, I am not there. That is a programmatic
5 issue. I wouldn't have any need to know about the menus
6 or the food. It is not within the release scope that I
7 am assigned currently.

8 Q. At Boys Town, how long were children permitted
9 to bathe?

10 A. We didn't time them. But again, you're
11 looking at 2,300 kids versus 81 children. So there is a
12 difference.

13 Q. At Boys Town, how long were children permitted
14 to eat a meal?

15 A. We didn't have a set time for them. They
16 finished when they finished. You try to have a schedule
17 somewhat, but nobody sits there and says, "Oh, it's
18 5:30. Get out." No, you don't do that either. Not at
19 Boys Town when I was there.

20 Q. Would you have any information that would
21 suggest that a child was being less than forthcoming if
22 he or she said that we are allowed 15 minutes to eat
23 meals at Homestead?

24 MS. DAVILA: Objection. Vague. Objection.

25 Foundation. Objection. Calls for speculation.

1 MR. PINCHAS: Excuse me. Court reporter,
2 could you please read back the question.

3 (Thereupon, the requested portion of the record
4 was read by the Court Reporter.)

5 THE WITNESS: I wouldn't know that. That
6 wouldn't be something -- again, my focus at
7 Homestead is very -- it's releases. I wouldn't
8 know that. I wouldn't know if it happened or
9 didn't happen. I am not there. I have not
10 observed meals. I really can't answer that
11 truthfully.

12 BY MR. HOLGUIN:

13 Q. Fair enough. In terms of access to
14 telephones, do you have any information at all about
15 what access the children have at Homestead to
16 telephones?

17 A. I can tell you that they are supposed to be
18 able to call the families. There is a phone that they
19 can report abuse. There is a hotline phone that is just
20 for that. I don't know about the calls in. I don't
21 know how that works in Homestead. Again, I am not
22 there. That is not what I deal with.

23 I could tell you how the shelter that I worked
24 at, when I worked there, did the telephones. But that's
25 different.

1 Q. Have you, as an FFS, had occasion to prohibit
2 telephone calls between children at Homestead and
3 particular adults?

4 A. Personally as an FFS? No.

5 Q. If Homestead were to prohibit a telephone call
6 between a detained child and a particular individual,
7 that would have been their decision and not ORR's?

8 MS. DAVILA: Objection. Calls for
9 speculation.

10 BY MR. HOLGUIN:

11 Q. Does ORR, to your knowledge, have any role in
12 choosing which people children can have telephone calls
13 with?

14 MS. DAVILA: Objection. Calls for
15 speculation.

16 THE WITNESS: To the extent that they are
17 supposed to be able to identify who the person is.
18 They can't just say, "Hey, I want to call
19 305-7100." The program is supposed to verify to
20 make sure it is a safe call. That is all I can say
21 to that. But me, no, I don't know of that.

22 BY MR. HOLGUIN:

23 Q. Or anyone else within ORR?

24 A. Except that they are supposed to ID the
25 people. They need to know who they are calling.

1 Q. So would you characterize that as ORR's
2 policy?

3 MS. DAVILA: Objection. Vague. Objection.
4 Mischaracterizes prior testimony.

5 THE WITNESS: There is policy on telephone
6 calls.

7 BY MR. HOLGUIN:

8 Q. Is that written policy?

9 A. Yes.

10 Q. What is your understanding of the education
11 that children receive at Homestead?

12 A. My understanding is -- again, I am not there.
13 I have never watched a classroom in progress. My
14 understanding is that they go to school and that they
15 have qualified teachers teaching the classes. That is
16 my understanding.

17 Q. Are you aware of any noise standards that
18 prevail during classroom instruction at Homestead?

19 A. No. That would not be my release issue.

20 Q. What about waking and going to sleep? Do you
21 have any information about what time children are
22 awakened at Homestead?

23 A. No. I don't know that. Again, the scope of
24 my function at Homestead is releases. So no, I don't
25 know that.

1 Q. So you have the same answer for what time
2 children go to sleep?

3 A. Exact answer.

4 Q. Do you know what the minimum qualifications
5 for case managers are at Homestead?

6 A. I am going to tell you what I believe. In
7 policy, it tells you the minimum qualifications for the
8 positions, case manager being one of them. Since I
9 don't deal with personnel, I am not 100 percent -- I
10 don't read that often. I can refer to it, but I don't
11 read it and keep it in my head since I don't hire
12 anymore.

13 What I can tell you from my experience is at
14 Boys Town they have to have a bachelor's degree.

15 Q. Currently, what sort of background checks, if
16 you know, are case managers subjected to at Homestead?

17 MS. DAVILA: Objection. Calls for
18 speculation.

19 THE WITNESS: Again, policy and programmatic
20 stuff with Homestead, I am unaware. However, I
21 believe they would follow the same as a shelter
22 would, which would require fingerprinting, local
23 checks, and DCF checks. I would imagine, but I am
24 speculating.

25 BY MR. HOLGUIN:

1 Q. Would the same answer apply to other personnel
2 at Homestead?

3 MS. DAVILA: Same objection.

4 THE WITNESS: Same answer.

5 BY MR. HOLGUIN:

6 Q. Is it your understanding that all case
7 managers at Homestead work on-site at the facility?

8 A. No.

9 Q. So what percentage of the case managers are
10 actually there?

11 A. I am not sure of the breakdown. I do know
12 that they utilize remote. I don't know the breakdown,
13 to be honest with you.

14 Q. In your experience at Boys Town, were remote
15 case managers used?

16 A. No.

17 Q. What about counselors at Homestead? Are those
18 all on-site or are they also remote?

19 A. I believe there are some remote.

20 Q. At the function of a counselor as opposed to a
21 case manager, what does the counselor do?

22 A. Clinical intervention, counseling, I would
23 say.

24 Q. Do you know how many of the counselors are
25 remote versus on-site?

1 A. I honestly don't.

2 Q. When you get a case submitted to you and you
3 are reviewing the evaluations, does it indicate whether
4 the evaluation was performed remotely or on-site?

5 A. It does not.

6 Q. Is there any policy with respect to keeping
7 children at Homestead who are monolingual in an
8 indigenous language?

9 MS. DAVILA: Objection. Vague.

10 THE WITNESS: Recently, there has been a
11 directive about that, but not before. More
12 recently.

13 BY MR. HOLGUIN:

14 Q. What does the directive say?

15 A. We were told to transfer the children.

16 Q. Have you ever had occasion to transfer
17 monolingual indigenous-language-speakers out of
18 Homestead?

19 A. Yes.

20 Q. Where are they sent to?

21 A. To local or -- to shelters.

22 Q. Why is that?

23 A. I was not told the reason for the directive.

24 But if I were to speculate, I would think because they
25 are more used to handling and they have more resources

1 for the children who speak the dialect, versus
2 Homestead. That would be speculation, however.

3 Q. Do you know the number of pediatricians on
4 staff at Homestead?

5 A. I am not aware of pediatricians. I honestly
6 don't know. I know there is a medical director who is a
7 doctor. I am not aware of his credentials. I don't
8 really deal with that aspect.

9 Q. Do you know the ratio of therapists to
10 detainees at Homestead?

11 A. I don't know the ratios at Homestead. I know
12 the ratios in a shelter.

13 Q. Well, what are the ratios at a shelter?

14 A. Are you speaking like a Boys Town or His House
15 shelter?

16 Q. Yes.

17 A. One to twelve.

18 Q. Is there any measurement of the efficacy or
19 the results of counseling sessions in which the children
20 at Homestead participate?

21 A. I would say they have leads who review that.
22 They have lead clinicians, APDs, assistant program
23 directors, program director.

24 Q. But you have never seen any evaluation of the
25 efficacy of counseling or therapy at Homestead; is that

1 correct?

2 A. That is correct.

3 Q. Do you have occasion to review reports of
4 detention or family-separation-induced stress among
5 children at Homestead?

6 A. Specifically?

7 Q. Yes.

8 A. I am not sure if it's specific. I mean, I
9 have seen where it could be mentioned. I am not sure
10 how clinical it was. But yes, I am sure it is
11 mentioned.

12 Q. Do you recall any particular case, sitting
13 here today, in which you reviewed a report that said
14 there is detention-induced distress with respect to a
15 particular minor?

16 MS. DAVILA: Objection.

17 THE WITNESS: I can't recall.

18 BY MR. HOLGUIN:

19 Q. Are you aware of any child who has sued ORR
20 for the treatment he or she has experienced at
21 Homestead?

22 A. Me personally? No.

23 Q. What about any child who has sued ORR for
24 declining to release him or her?

25 A. I am not aware of the cases, no.

1 Q. Do you know how many lawyers Americans for
2 Immigrant Justice have at Homestead?

3 A. No.

4 Q. Or have, period?

5 A. No. I don't deal with their contract. Again,
6 I am not on-site to do that. I deal with releases.

7 MR. HOLGUIN: Why don't we take a break. I
8 think we are pretty much coming to the end.

9 (Recess taken in the proceedings from 2:36 p.m.
10 to 2:51 p.m., after which the following proceedings were
11 had:)

12 MR. HOLGUIN: Back on the record.

13 BY MR. HOLGUIN:

14 Q. [REDACTED], have you had any occasion where a
15 lawyer from Americans for Immigrant Justice has
16 presented you with evidence in support of a client's
17 release?

18 A. Not release, but where they have sent a good
19 faith letter. I wouldn't say evidence. I don't recall
20 ever reading anything as evidence for release. But a
21 good faith letter for foster care, yes.

22 Q. Has any Americans for Immigrant Justice lawyer
23 ever presented evidence in support of transferring a
24 child, a client, out of Homestead to another facility?

25 A. Yes.

1 Q. Outside of the long-term foster care?

2 A. They have sent a request to transfer a child
3 locally when the child has requested voluntary departure
4 and/or when a child is going to be referred to long-term
5 foster care due to the long process that those entail.

6 Q. Do you recall seeing evidence from an
7 Americans for Immigrant Justice lawyer under any other
8 circumstance supporting a transfer out of Homestead?

9 A. I don't. That does not mean it didn't happen.
10 I can't recall an instance like that.

11 Q. What about good faith letters from private
12 lawyers for children held at Homestead? Have you ever
13 received one of those?

14 A. I don't think I have.

15 Q. Have you ever gotten a letter or any other
16 evidence from a private lawyer supporting the child's
17 release from Homestead?

18 A. I believe I have seen a letter where someone
19 was requesting the release of a child, yes. I think --
20 I believe there was one instance of a private attorney.
21 I don't recall exactly what it entailed, but I do recall
22 seeing an e-mail to that effect.

23 Q. An e-mail. Okay. Anything else other than an
24 e-mail?

25 A. Not that I am aware of.

1 Q. What about a letter or any evidence from a
2 private lawyer encouraging ORR to transfer a child out
3 of Homestead?

4 A. Could be. I don't recall, to be honest with
5 you.

6 Q. You don't recall seeing any such --

7 A. It could be. I don't recall that offhand.

8 The Homestead mailbox gets several hundred
9 e-mails in a day. I am not sure. I mean, it could have
10 been sent and I didn't see it or I wasn't around or
11 somebody else saw it. I don't know. I can speak to
12 what I recall, which is no.

13 Q. So you have a Homestead e-mail box?

14 A. Yes.

15 Q. What goes in there, anything that has to do
16 with Homestead?

17 A. Yes.

18 Q. But other people, other FFSs, have access to
19 that or just yourself?

20 A. Other FFS have access to that.

21 Q. It's just kind of a common mailbox?

22 A. It is a central box for Homestead. It's for
23 coverage purposes.

24 Q. I believe you mentioned that you work
25 remotely; is that correct?

1 A. Yes.

2 Q. Where are you based?

3 A. [REDACTED]

4 Q. [REDACTED]

5 A. Yes.

6 Q. How far is that from Homestead?

7 A. It is a good hour-plus in traffic. Something
8 along those lines, yes.

9 Q. Are the other FFSs also -- do they also work
10 remotely?

11 A. Yes. My supervisor is at Homestead much more
12 frequency. But [REDACTED] who is the other FFS, does not
13 reside in Florida.

14 Q. Where does [REDACTED] reside?

15 A. Chicago. She was here, though, for two weeks
16 not long ago.

17 Q. Apart from Shiloh, have you ever had occasion
18 to transfer a child to a shelter outside of Miami?

19 A. Shiloh is an RTC.

20 Q. RTC. Sorry.

21 A. Outside of Miami, I said Acadia. I believe
22 the last contract I sent one or two children to
23 MercyFirst.

24 Q. Acadia is the out-of-network facility you
25 mentioned?

1 A. Yes. I don't know where it's located. They
2 have several locations. I don't quite know where
3 exactly.

4 Q. Now, in terms of stepping up children or
5 transferring children to medium secure or secure
6 facilities, have you ever had occasion to do that?

7 A. Yes.

8 MS. DAVILA: Objection. Vague.

9 BY MR. HOLGUIN:

10 Q. How would you describe a medium secure
11 facility or staff secure facility? I believe that's
12 what everyone calls them.

13 A. We call it staff secure facility. I would say
14 that that's a facility that is able to handle a child
15 with a little more challenging needs than what a shelter
16 can handle, and not as secure as a staff secure. I mean
17 as a secure. Excuse me.

18 Sorry. The music is throwing me off a bit.
19 My bad.

20 Q. All right. If I asked this, I apologize. I
21 am trying to -- what I would like to know is if you have
22 had occasion to transfer children from Homestead to
23 staff secure facilities.

24 A. Yes.

25 Q. How often?

1 A. Not very often.

2 Q. Over the past year, approximately how many
3 times?

4 A. I don't even -- I mean, I would be absolutely
5 guessing. Maybe five, six, seven. Along those lines.
6 I wouldn't say -- I mean, it could be more and it could
7 be less. I don't have -- I don't keep a number.

8 Q. It's not a hundred?

9 A. No, no.

10 Q. So how do you make that decision to transfer a
11 child to a staff secure facility?

12 A. If there is a child typically that has had a
13 number of behavioral SIRs or something that is a little
14 serious that cannot be contained in the shelter or they
15 have attempted to elope, physically attempted to elope,
16 what I would do is staff that case with my supervisor,
17 who would then make the determination of a step-up or
18 not to step up.

19 Q. When you say "elope," do you mean to go off
20 and get married?

21 A. No. Elope, escape.

22 Q. Escape. Okay. Sorry.

23 A. They are not of age. We don't marry them in
24 care.

25 Q. I thought somehow they were determined to get

1 married.

2 A. No.

3 Q. But you are involved in the decision to step
4 up the child to a staff secure facility?

5 A. It's myself or whatever FFS is covering, so
6 yes. But all of them, no. Probably not. But yes.

7 Q. Are there written criteria for who is stepped
8 up to a staff secure facility that ORR has?

9 A. There is criteria for a step-up, yes, in
10 policy.

11 Q. In terms of process, where does the initial
12 recommendation for step-up originate?

13 A. Typically, it originates with the
14 administrators of the program. CHSI will say -- they
15 will typically send an e-mail to ask us if we could
16 consider a child for step-up.

17 Q. So then what is your procedure when you
18 receive that kind of an e-mail?

19 A. I typically read the file, and particularly
20 the SIRs, to see what behaviors they are reporting.
21 Then I will staff what I receive from them as well as
22 the SIR and any other information in the file with my
23 supervisor.

24 Q. When you say "staff," do you mean you provide
25 that information to the supervisor?

1 A. Yes. I discuss that information with the
2 supervisor.

3 Q. Is it your practice to meet with the child
4 during that process of deciding whether to step up?

5 A. I don't meet with the child, typically.

6 Q. Is the child told the reasons for the step-up?

7 A. I can attest that the program is supposed to
8 tell the child the reasons for the step-up. I am not
9 there physically. I can't tell you with certainty, but
10 they are supposed to be doing that, yes.

11 Q. But you don't know for a fact whether they do
12 it or not.

13 A. They usually notate that they do, so I can say
14 that. You should ask a CHSI employee more than me about
15 that.

16 Q. Is the child provided with evidence of the
17 infractions that are being used to justify the step-up?

18 MS. DAVILA: Objection. Calls for
19 speculation.

20 THE WITNESS: I don't know if they physically
21 hand the child something. I don't know how they
22 process that, to be honest with you.

23 BY MR. HOLGUIN:

24 Q. Are the facilities required to have an
25 interview with the child to allow the child to explain

1 his or her behavior before they recommend a step-up?

2 A. What I have seen is that the clinician meets
3 with the child when there is a behavioral issue and they
4 will usually put an addendum to the SIR as to, you know,
5 what the child said and what is going on.

6 Q. Have you had occasion to step up children to
7 secure facilities?

8 A. Yes.

9 Q. And is the process the same?

10 A. It's a little bit different, in that the
11 criteria is different. Obviously, there has to be a lot
12 more going on if you are stepping up to secure. Because
13 that's -- you know, we try to stay within the least
14 restrictive environment for the child. So a step-up to
15 secure has to be -- there has to be a reason. Now, have
16 I stepped up? Yes.

17 Q. In terms of the process, receiving an e-mail
18 from the current placement, your gathering the file and
19 consulting with your supervisor, is that process all the
20 same?

21 A. Basically, yes.

22 Q. So would it be fair to say that the criteria
23 for a step-up to a secure is different from the criteria
24 for a step-up to staff secure, but the process is
25 essentially the same?

1 A. Essentially the same, but different criteria.

2 Q. Now, once a child has been stepped up to
3 either a staff secure or secure, do you have any role in
4 stepping down the child?

5 A. I don't. Once they are released from
6 Homestead, no. They do have reviews on the children.

7 Q. But you don't?

8 A. I do not, no. I am not part of that at all.
9 That is the facility where they are transferred.

10 Q. Approximately how many children have been
11 transferred out of Homestead, to your knowledge, during
12 the past month to a staff secure or secure facility?

13 A. Well, are you asking me about a staff secure
14 or a secure? Obviously, they are different.

15 Q. Let's take the staff secure first.

16 A. In the last month, I was on vacation for the
17 majority of March, so I don't know what -- I was gone
18 almost three weeks. So March you can't ask me about
19 because I wasn't there.

20 Q. How about February?

21 A. Well, I am not sure when they happen. We have
22 very few, maybe two or three. I honestly don't know.
23 Secure, I can tell you within a month how many there
24 were.

25 Q. Okay.

1 A. One. That is why it's easy, plus the case is
2 much more serious, too, in terms of placement. So yes,
3 one to secure.

4 Q. Do you know whether any of the children that
5 you can recall being transferred to staff secure or
6 secure were represented by counsel?

7 MS. DAVILA: Objection. Vague. Objection.
8 Compound.

9 THE WITNESS: I don't know if there were G-28s
10 there in place. I honestly don't know.

11 BY MR. HOLGUIN:

12 Q. So you don't recall seeing any child with a
13 G-28 who was then sent to staff secure?

14 A. I didn't necessarily look for it either, so I
15 don't know. To my knowledge, I don't know.

16 Q. Okay. Why wouldn't you look for it?

17 A. Why? Because it wouldn't be anything that I
18 would look at, normally. If they had it -- if the child
19 needs to be stepped up, the program is the one that
20 provides the notice if there is a G-28 that the child is
21 being moved.

22 Q. In the cases you handled of transfers to staff
23 secure, have you ever had to deal with a child's lawyer?

24 A. I have not personally dealt with the attorney,
25 no.

1 Q. Would the same answer apply with respect to
2 children sent to secure facilities?

3 A. I didn't deal with an attorney on that either.

4 Q. Never have dealt with an attorney in that
5 circumstance?

6 A. The majority of the children do not have G-28s
7 on file. They are represented through -- to AIJ as
8 friends of the court. So there is no G-28. They do
9 know-your-rights and a screening.

10 Q. So your understanding is that when AIJ appears
11 as a friend of court, that is the extent of the service?

12 MS. DAVILA: Objection. Calls for
13 speculation.

14 THE WITNESS: That is my understanding, but I
15 am not an attorney. I am a social worker.

16 BY MR. HOLGUIN:

17 Q. Okay. What would you estimate is the average
18 amount of time you spend per case when you're
19 considering release?

20 A. It depends how long the child has been in
21 care. Because, obviously, a child that has been in care
22 seven days does not have as many documents for me to
23 look at as a child that has been in there 60 days. So
24 yes, do I work after five o'clock every night to do
25 that? Yes.

1 Q. What time, typically, do you stop working?

2 A. About 11.

3 Q. About 11 at night?

4 A. Yes, 11 at night.

5 Q. And what time do you start?

6 A. At 8, 8:30. That's why I don't do much more
7 than releases.

8 Q. I see. Are you provided with aging reports,
9 reports that identify children who have been at
10 Homestead for longer than particular periods, say one
11 month, three months, six months?

12 MS. DAVILA: Would you repeat that question?

13 (Thereupon, the requested portion of the record
14 was read by the Court Reporter.)

15 MS. DAVILA: Objection. Vague.

16 I just want to note for the record that there
17 is a marathon that started this afternoon, sometime
18 later in the afternoon. At this point, the music
19 is very loud. We will try to all speak up and get
20 through it, but I wanted to note that for the
21 record.

22 THE WITNESS: More recently, Homestead has
23 been doing length-of-stay reports. So yes, I do
24 see them. But I am not staffing the cases, so
25 people that are staffing are more attuned to

1 exactly what is on that list more than I would need
2 to refer to it.

3 BY MR. HOLGUIN:

4 Q. So again, when you refer to staffing, you are
5 referring to people who are receiving the files or the
6 information about a case?

7 MS. DAVILA: Objection. Mischaracterizes
8 testimony.

9 MR. HOLGUIN: I may have.

10 THE WITNESS: No. I am talking about the CFS
11 on-site that is staffing cases with the leads and
12 some of the case managers, as well as the CCs who
13 staff the cases.

14 BY MR. HOLGUIN:

15 Q. So the first acronym you mentioned was --

16 A. CFS, contract field specialist.

17 Q. And who does the contract field specialist
18 work for?

19 A. GDIT.

20 Q. And the second acronym you mentioned was CC?

21 A. Case coordinators.

22 Q. Was there a third one?

23 A. I didn't mention a third one.

24 Q. Oh, good.

25 So those are the people who are concerned with

1 these reports that indicate how long certain children
2 have been detained; is that correct? Did I
3 misunderstand?

4 A. No. I am just waiting to see -- I am trying
5 to --

6 MS. DAVILA: Objection. Vague.

7 THE WITNESS: They are more attuned to that
8 report because they are there to staff the cases to
9 try to avoid the length of stay. So they are very
10 focused on those reports, whereas to me, I, again,
11 deal with the case once the release is submitted.
12 So that is the difference in who really deals with
13 that report and why.

14 The CFS, the staffing and my supervisor who is
15 also on-site, they are very much attuned to that
16 list because they are asking what is going on in
17 these cases.

18 BY MR. HOLGUIN:

19 Q. All right. But you have seen the list
20 personally, have you?

21 A. I have seen the lists, yes.

22 Q. What do you recall seeing on the list?

23 A. I just saw a breakdown for a Category 1 child,
24 and I think that they are looking at or they are
25 reporting -- the last one I saw, I think, was a 30-day

1 in care report.

2 So what I saw -- again, it is not a report
3 that I focus on because I do the releases, but I saw
4 that it kind of says the child's name, how long they
5 have been in care, what category, and where they are at
6 in the process or what is holding the case up.

7 Q. Does it indicate their ages? Do you recall?

8 A. I am not sure if there is a category for age,
9 to be honest with you. I looked at the report. That's
10 not a document that I use for what I do, which is the
11 releases. But I know they exist.

12 MR. HOLGUIN: I think that's all I have.

13 MS. DAVILA: The government has a few
14 questions. Would you like to take a break at this
15 point?

16 MR. HOLGUIN: If you like. We can. It's up
17 to you.

18 MS. DAVILA: Are you fine?

19 THE WITNESS: I am fine.

20 MS. DAVILA: We will go forward then.

21 CROSS-EXAMINATION

22 BY MS. DAVILA:

23 Q. Thank you very much for your testimony today.
24 We appreciate all your work and effort, and dealing with
25 the music outside that started this afternoon. We

1 appreciate that.

2 During your testimony, you referred to "influx
3 facility." What is an influx facility?

4 A. My understanding of an influx facility is a
5 facility that has the capacity to go up in capacity and
6 to go down. So the specific time frame varies. So it
7 is not a permanent shelter, meaning that the other
8 shelters have grant cycles and they get allotted X
9 amount of beds. For influx, it can vary, and vary very
10 quickly. It can ramp up, ramp down.

11 Q. Are you finished answering?

12 A. Yes.

13 Q. Is Boys Town an influx facility?

14 A. No.

15 Q. Is His Place an influx facility?

16 A. His House.

17 Q. I'm sorry. His House.

18 A. No.

19 Q. Is it an influx facility?

20 A. No.

21 Q. Is Homestead an influx facility?

22 A. Yes.

23 Q. How do you know?

24 A. It is called Homestead Influx Facility. I
25 have been there through different cycles where they have

1 closed down, opened back up, ramp up, ramp down. It's
2 dictated upon the number of children that are coming
3 into the country. The numbers dictate it.

4 Q. You mentioned the medical unit at Homestead;
5 is that correct?

6 A. Yes.

7 Q. To your knowledge, who staffs the medical unit
8 at Homestead?

9 A. I believe -- and again, I don't work in the
10 contract area or in personnel. I believe, it's CHSI.

11 Q. Have you met any of the employees of CHSI who
12 work in the medical unit?

13 A. I met the doctor in charge, on occasion.

14 Q. Do you know the doctor's name?

15 A. Dr. Patterson. It's Chip Patterson, but his
16 real name is, like, Relford. I know because I have
17 tried to e-mail him under Chip and nothing came up.

18 Q. To your knowledge, does Dr. Patterson
19 prescribe psychotropic medications?

20 A. To my knowledge, he does not.

21 Q. To your knowledge, has anyone at Homestead
22 prescribed psychotropic medication?

23 A. To my knowledge, no one is credentialed to do
24 that, no.

25 MS. DAVILA: The government has no further

1 questions.

2 MR. PINCHAS: No questions from me.

3 MR. HOLGUIN: I have nothing further.

4 Could we stipulate to having her sign the
5 transcript in front of any notary?

6 MS. DAVILA: The errata will be provided to
7 us, and then 30 days later a signature before a
8 notary?

9 MR. HOLGUIN: Yes.

10 MS. DAVILA: Is that workable for you?

11 THE WITNESS: That's fine.

12 MS. DAVILA: Yes, that's fine.

13 Does that work for you?

14 MS. STEELE: Yes.

15 MR. PINCHAS: I have never seen a requirement
16 that it be signed before a notary. Where does that
17 come from?

18 MR. HOLGUIN: Well, as far as we're concerned,
19 if there is agreement that it can be signed under
20 penalty of perjury and used as though it had been
21 signed in front of the court reporter, it does not
22 matter whether it is in front of a notary or not.

23 MS. DAVILA: I am not aware of the requirement
24 either, but I am fine either way. The witness has
25 already sworn that her testimony is accurate.

1 MR. HOLGUIN: Then let's just have her sign.

2 MS. DAVILA: That's fine.

3 MR. HOLGUIN: If everyone is fine with that
4 being equivalent to having her sign in front of the
5 court reporter, then we're good.

6 MS. DAVILA: Does that work for future
7 witnesses, and so forth?

8 MR. MOSS: We can take it on a case-by-case
9 basis. At least for this witness, we're fine.

10 MS. DAVILA: Is there anything else we need to
11 cover on the record?

12 MR. HOLGUIN: We said 30 days for the witness
13 to sign, correct?

14 MS. DAVILA: Right.

15 MR. PINCHAS: 30 days from when?

16 MS. DAVILA: From when we receive a copy,
17 right?

18 MR. HOLGUIN: Right. Is that acceptable?
19 From when you receive a copy, 30 days to sign?

20 MS. DAVILA: That works for me. Does it work
21 for you?

22 MR. MOSS: Yes.

23 MR. HOLGUIN: And if it's not signed within
24 that period, it can be used as though it were
25 signed?

1 MS. DAVILA: Yes, but we will let you know if
2 there are no changes. That may be the reason for
3 no signature.

4 MR. HOLGUIN: Even without changes, the
5 deposition ought to be signed at some point. Is
6 that acceptable? 30 days --

7 MS. DAVILA: After receipt.

8 MR. HOLGUIN: After receipt. Okay.

9 MS. DAVILA: So we can forego the notary?

10 MR. HOLGUIN: That's fine.

11 MS. DAVILA: Record is closed.

12

13

14 (Thereupon, the taking of the deposition was
15 concluded at 3:25 p.m. Signature and formalities were
16 not waived.)

17

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1 RE: LUCAS R., et al. vs. ALEX AZAR, et al.

DEPO OF: [REDACTED]

2 TAKEN: THURSDAY, APRIL 25, 2019

3
4 EXCEPT FOR ANY CORRECTIONS
MADE ON THE ERRATA SHEET BY
5 ME, I CERTIFY THIS IS A TRUE
AND ACCURATE TRANSCRIPT.
6 FURTHER DEPONENT SAYETH NOT.

7 _____,
[REDACTED]
8
9 STATE OF FLORIDA)
) SS:
10 COUNTY OF _____)
11

12 Sworn and subscribed to before me this _____
day of _____, 20____.
13 PERSONALLY KNOWN _____ OR ID. _____
14

15 _____
Notary Public in and for
16 the State of Florida at
Large.

17 My commission expires:
18
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20
21
22
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25

ERRATA SHEET

IN RE: LUCAS R., et al. vs. ALEX AZAR, et al.

DEPOSITION OF: [REDACTED]

TAKEN: THURSDAY, APRIL 25, 2019

JOB: 3267670

DO NOT WRITE ON TRANSCRIPT - ENTER ANY CHANGES HERE

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State of Florida:

County of _____:

Under penalties of perjury, I declare that I have read my deposition transcript, and it is true and correct subject to any changes in form or substance entered here.

DATE

CERTIFICATE OF OATH OF WITNESS

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, [REDACTED], Court Reporter and Notary
Public in and for the State of Florida at Large, certify
that the witness, [REDACTED], personally appeared
before me on April 25, 2019 and was duly sworn by me.

Signed this 1st day of May, 2019.

[REDACTED]

[REDACTED] Court Reporter
Notary Public - State of Florida
Commission No. FF 977791
Expires May 16, 2020.

CERTIFICATE OF REPORTER

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

I, [REDACTED], Court Reporter, do hereby
certify that I was authorized to and did
stenographically report the deposition of [REDACTED]
that a review of the transcript was not waived; and that
the foregoing transcript, pages 1 through 186, is a true
and complete record of my stenographic notes.

I FURTHER CERTIFY that I am not a relative,
employee, attorney or counsel of any of the parties, nor
am I a relative or employee of any of the parties'
attorney or counsel connected with the action, nor am I
financially interested in the action.

Dated this 1st day of May, 2019.

[REDACTED]

[REDACTED], Court Reporter

Veritext Legal Solutions
One Biscayne Tower, Suite 2250
Two South Biscayne Boulevard
Miami, Florida 33131
(305) 376-8800

May 1, 2019

[REDACTED]
c/o Yamileth G. Davila, Esquire
U.S. Department of Justice, Civil Division
Ben Franklin Station
P.O. Box 878
Washington, DC 20044-0878
benjamin.m.moss2@usdoj.gov
Re: Lucas R., et al. vs. Alex Azar, et al.
Depo of: [REDACTED]
Taken: Thursday, April 25, 2019
Read and sign by: June 3, 2019

Dear [REDACTED]

This letter is to advise you that the transcript of the deposition listed above is completed and is available at this time for your reading and signing.

Please call the above number to make an appointment to come to the Veritext office closest to you to read and sign the transcript. Our office hours are from 8:30 a.m. to 4:30 p.m., Monday through Friday.

In the event other arrangements are made, please send us a list of any and all corrections, signed and notarized, noting page and line numbers and the reason for such changes, so we can furnish all counsel with a copy of same. If the reading and signing has not been completed prior to the referenced date, we shall assume that you have waived the reading and signing of the deposition transcript. Your prompt attention to this matter is appreciated.

Sincerely,

[REDACTED], Court Reporter

[& - acadia]

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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CERTIFICATE OF SERVICE

I, Peter Schey, declare and say as follows:

I am over the age of eighteen years of age and am a party to this action. I am employed in the County of Los Angeles, State of California. My business address is 256 S. Occidental Blvd., Los Angeles, CA 90057, in said county and state.

On this date, May 31, 2019, I electronically filed the following document(s):

- EXHIBITS IN SUPPORT OF PLAINTIFFS' MOTION TO ENFORCE THE SETTLEMENT AGREEMENT [**REDACTED VERSION OF DOCUMENTS PROPOSED TO BE FILED UNDER SEAL**] VOL. 2 OF 5

with the United States District Court, Central District of California by using the CM/ECF system. Participants in the case who are registered CM/ECF users will be served by the CM/ECF system.

/s/Peter Schey
Attorney for Plaintiffs